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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

COMPRESSION OF ONE HALF OF THE SPINAL CORD: BROWN-SEQUARD'S PARALYSIS; LOCOMOTOR ATAXIA.

BY M. ALLEN STARR, M.D.,

Professor of Diseases of the Nervous System in the New York Polyclinic.

Gentlemen:—The patient whom I show you first to-day is suffering from a disease which is very rare.

The patient is a girl fifteen years of age. She says she was perfectly well until three months ago. The only instance of traumatism was a fall from a window eleven years ago, from which no serious symptoms resulted.

Three months ago, she began to suffer from pain and stiffness in the neck. She then began to hold the head in the position in which you now see it, turned somewhat to the right, the chin slightly elevated and pointing toward the right shoulder. When I attempt to move her head with my hands, she resists very perceptibly. I am able to move it only very slightly, while the patient cannot move it except by turning the body. This stiffness of the neck is accompanied by pain running up over the back of the head. The pain is made worse by movement.

After this condition had continued about one month, she began to grow weak in the legs and arms. This weakness has continued up to the present time, and has grown somewhat worse.

Lately, she has noticed that the power of the left arm is less than that of the right, while the sensation in the right arm is less than that in the left. So much for her history as she has related it.

We will now make a careful examination of her present condition. You see at once that she is unable to turn her head to the left side; she is unable to innervate the right sterno-cleido-mastoid muscle which turns the head to the left, and the muscles of the neck are quite rigid, their contraction being independent of the will.

The neck is peculiarly prominent. It looks almost as if she had a goitre. The back of the neck is not only flat, but it curves forward in a manner so that I can place my finger in the depression; there is not that prominence of the vertebræ usually seen, especially of the fifth cervical. In your own necks there is a prominence at this point, while in hers there is a depression. When I put my finger into her mouth and feel the vertebræ at the back of the pharynx, there is a decided projection of the bodies.

She says she is weak in both legs; that she is unsteady on them; but there is no apparent ataxia. There is marked weakness in ordinary walking. I find marked flexor weakness in the left leg. I can bend the knee easily, although she opposes me. The right knee I am unable to bend; the flexor weakness on this side is very slight. There is hardly any difference between the two legs with regard to extension.

There is more sluggishness in flexion of the left foot than in flexion of the right foot.

The grip of the left hand is much weaker than that of the right.

The motions of the left forearm and arm are very limited, and although both arms are weak, the left is far worse than the right. There is in the left arm great exaggeration of the triceps tendon reflex, causing a trembling, wavy motion of the forearm on a single percussion at the elbow which I have never before seen. The motion resembles that of the foot in ankle clonus. The tendon reflex is also present at the wrist in the left hand. The patellar tendon reflex is very much exaggerated on the left side, and ankle clonus is also readily elicited; it is absent on the right side. The tendon reflex is much less marked in the right than in the left knee. There is slight tendon reflex at the right wrist.

She says that during the past two weeks she has had some difficulty in the control of her bladder. She has to evacuate the viscus very soon after the need arises. She has not yet had any dribbling of urine. But she is aware of the fact that her control over the bladder is not what it ought to be. That is another important symptom. The same is true of the rectum.

Now we come to sensation. She says her limbs are not steady. Steadiness of motion depends largely upon the muscular sense. There are two cases of locomotor ataxia present, which illustrate this fact, the men being strong in the legs, but unsteady. When this girl attempts to stand with the feet close together, she is unsteady. Her hands do not move with precision. This is not due alone to weakness of the arms, but in a degree to loss of muscular sense. Romberg's symptom, inability to stand steadily with the eyes closed, is manifest to some extent. It is called Romberg's symptom because Romberg, of Berlin, was first to elicit it. It is a very common symptom in locomotor ataxia, and indicates lack of perception of muscular impressions from the legs.

Precision of movement in walking is impossible with this patient. You see how she staggers, especially when she attempts to walk backward with the eyes closed. She seems to stagger more to the right side than to the other side. We see, then, a certain amount of ataxia in this patient's legs as well as loss of power.

When she tries to bring the index finger of her right hand to mine, or to her nose, when her eyes are closed, it tends to shake, showing some loss of muscular sense. Her left hand is too weak for this test, as she cannot lift the hand at all. I have placed her left hand in a particular position, and asked her, with her eyes closed, to place the right hand in a similar position, which she has done. The same test for the other hand is less quickly responded to, showing impairment of the muscular sense of the left side.

We will now test the sense of touch. The most delicate test is by means of a piece of cotton-wool. We find slight anæsthesia to a touch on the right side. You will remember that the paralysis is most marked on the left side. The anæsthesia is less marked in the left than in the right leg, and less marked in the right leg than in the right hand.

She perceives sensations of cold very much better on the left side than on the right. She perceives sensations of heat on both sides, but more acutely on the left side.

The line of anæsthesia to touch extends up on the right side to the shoulder; it is not marked on her neck, and there is no anæsthesia on the left side at the shoulder; rather a peculiar fact.

Sensation on the face is normal, and she notices no difference between sensations on the face and on the left limbs, which indicates that there is no hyperæsthesia in them.

What, then, have we in this case? We have partial paresis with increased tendon reflexes on the left side of the body, and partial anæsthesia on the right side. Now, that is characteristic of only one form of spinal disease, called Brown-Séquard's paralysis, after Brown-Séquard, who was first to describe it. It is produced by a unilateral lesion of the cord. I have here a diagram showing two segments of the spinal cord, with the tracts passing through them, —from this you will see that the motor nerve fibres coming from the brain cross over and descend at the medulla, in the lateral pyramidal tract of the cord, to supply the muscles of the opposite side of the body. It can also be seen that the posterior nerve roots, on entering the cord, cross over at once to the opposite side, and there ascend in the posterior column to the medulla and brain. It is evident, from this arrangement of the motor and sensory nerve fibres in the cord, that a lesion limited to the left side of the cord will interfere with the motor nerve tract governing the left limbs, and with the sensory tract coming from the right limbs. In other words, a unilateral lesion in the left half of the spinal cord in the cervical region will produce paralysis of the left limbs with regard to motion, and anæsthesia of the right limbs with regard to sensation. No other lesion in the cord will produce such a trouble. It is evident, therefore, that this girl has some trouble in the left half of her

cord. To what can that trouble be due? We have a peculiar forward projection of one of the cervical vertebræ; we have a marked stiffness of one side of the neck, and a depression posteriorly where there is projection anteriorly of the fifth cervical vertebra. Therefore, I think we may say this patient is suffering from compression of the spinal cord due to displacement of one of the vertebræ following disease. The pathological condition is undoubtedly one of caries of the body of the fourth or fifth cervical vertebræ, possibly of both, and the symptoms are all due, primarily, to disease of the vertebræ, but secondarily to disease of the nerves and cord, set up by the trouble in the vertebræ. One of the first symptoms produced by caries of the vertebræ is interference with the conduction of impulses through the nerves which pass out between the vertebræ. That is true in this case, as it is the cervical nerves which go up to supply the back of the head and innervate the deep muscles of the neck. It has only been by watching this case for sometime that we have been able to draw a picture of the disease perfectly characteristic of a spinal lesion.

Under these circumstances the prognosis is rather unfavorable. The danger is that this carious process will go on; that there will be a greater amount of pressure on the cord. The fact that she already has weakness in both legs, and some weakness in the right arm as well as in the left, shows that the pressure upon the cord is now considerable, interfering with conduction not alone on one side, but upon both. In other words, interfering somewhat with conduction in the right half of the cord, but to a greater extent with conduction in the left half. So that already, at the end of three months, she has come into a condition which is pretty serious. And further, the pressure is exerted very near to the level of the cord from which the phrenic nerves arise, hence she is in some danger of death by their paralysis.

What can we do for her? The first thing, of course, will be to treat the cause of the trouble. You can not treat the paralysis or the anæsthesia in a case of this kind. You have first to remove the pressure from the spinal cord. That will have to be done by very careful adjustment of apparatus which will separate the vertebræ slightly from one another. That will take off the pressure consequent upon assuming the upright position. You will remember that she said she was more comfortable lying in bed than sitting or standing. Therefore, rest in bed and proper apparatus will prove of great value in a case of this kind. I shall send her to Dr. Gibney, who is in charge of the orthopœdic department, who can, I doubt not, construct such an apparatus as will support the head, and take off the pressure which is being made upon the cord and diseased vertebræ. If the condition has not gone on too far it may be that the pressure on the cord can be removed. It is amazing to what an extent the spinal cord will recover its functions after pressure upon it has been removed. We often see in caries of the dorsal region complete paralysis of the legs, which has existed for some time, disappear after removal of pressure upon the cord by suitably applied apparatus. It may be some time before the paralysis disappears. In one case which I recall it required three years, but at the end of that time it had disappeared entirely. If the compression has gone to the extent of producing disintegration of the elements of the cord and a transverse myelitis, of course the prognosis is worse. But, even in a case of transverse myelitis, if it has not gone on to absolute disintegration, breaking the continuity of the tracts in the cord, there may be a considerable degree of recovery. The treatment must be carefully carried out, largely by apparatus.

I will next show you two cases of locomotor ataxia.

The outline of this man's history is, that about eight years ago he began to have disturbance of vision, which has progressively increased until for two years past he has been unable to read. The trouble with the eyes was the first symptom in this case. That is an important fact, because many patients consult the physician with regard to trouble with the eyesight, and it does not occur to them to test the tendon reflex at the knee. This should be done in every case of failing eyesight. This man first consulted Dr. R. H. Derby for his eyesight. Dr. Derby examined the discs, and found a very advanced degree of atrophy of the optic nerves, which is a symptom of locomotor ataxia. He made the diagnosis, and very kindly sent the patient to me. I found in addition to the trouble in the eye a marked degree of ataxia. But this has come on only during the last two years; consequently the eye trouble preceded the ataxia six years.

I have no doubt that at the time this man's eyes began to trouble him he had lost the tendon reflex at the knee. I can strike the tendon below the knee as hard as possible, and get absolutely no response. Loss of tendon reflex at the knee, combined with

eye symptoms, should always awaken your suspicions of locomotor ataxia. If you will watch such a case long enough you will generally find the patient complaining of lightning pains and symptoms of ataxia.

The sequence of symptoms in this case has been, first, eye trouble; second, slight pains; third, ataxia; fourth, slight loss of control over the bladder, and, lastly, tingling in the fingers.

Our second patient's symptoms date back about eight years. He has been near-sighted all his life, he says, but no changes in the eyes have taken place since the development of symptoms of locomotor ataxia; there are no changes in the optic nerve. In this respect the case is quite in contrast with the other. He has shown weakness in the limbs, staggering gait, slight shooting pains, which have never been severe. Both of these cases are interesting, from the almost complete absence of lightning pains, which are present in most cases of locomotor ataxia. The books tell us that the first symptom of this disease is lightning pain, but our experience tells us that there are quite a number of tabetic patients who do not have lightning pains to any great extent. Here are two men who have passed the stage for the pains, and entered the stage of ataxia, and neither has suffered to any great extent from lightning pains. This symptom, however, is present in the majority of cases, and it is that which often leads to locomotor ataxia being mistaken for rheumatism.

This second patient complains of feeling more tired in the morning than on going to bed. Often this feeling of fatigue is one of the first symptoms of locomotor ataxia. This man has complained of it throughout.

There has been some sluggishness in setting up the mechanical action of micturition.

Both of these men have marked absence of tendon reflex; it is entirely absent in this patient. You see when he walks marked ataxia; it is much more noticeable when he walks backward; the foot swings irregularly to a certain extent; when he closes his eyes the ataxia becomes worse; with the eyes shut and the feet placed close to each other, Romberg's symptom at once develops. There is, therefore, no doubt of the diagnosis in this case.

Allow me to call your attention to the existence of what is known as the Argyll Robertson pupil. In both cases when I expose the eyes suddenly to the light there is absolutely no contraction of the pupils; but they do contract in accommodation. In both cases the right pupil is constantly larger than the left. This irregularity in the size of the pupils is accounted for in one case by the existence of old adhesive iritis in the right or larger pupil. Both of these men have had syphilis. There is a controversy at present as to whether locomotor ataxia is always due to syphilis. Some say ninety per cent. of the cases are due to this disease, while others claim that not more than fifty per cent. of the cases can be attributed to syphilis. It so happens that in these two cases there is a history of syphilis, yet antisyphilitic treatment has had no effect. That I think you will find is very frequently true. It is only in a small proportion of cases of locomotor ataxia that antisyphilitic treatment has any effect, and in these cases the disease comes on within three years after the initial lesion, and is very rapid in its progress. These two patients are both in the second or ataxic stage of the disease. Now, what is the pathological change present? Neither patient has had much trouble with tactile sense, pain sense, or temperature sense. Both of them have had a great deal of trouble with the muscular sense.

The lesion in this disease is that illustrated in this diagram. It consists of sclerosis of the posterior columns of the spinal cord, primarily of the columns of Burdack, or what is known as the posterior root zone. It is known as the posterior root zone because here enter some of the fibres of the posterior nerve roots. Now, sclerosis beginning just at this point will interfere with the conduction of impulses coming in through the sensory nerves to the gray matter of the cord. It not only interferes with the entrance of sensory impulses, but it also interferes with the nutrition of these posterior nerve fibres, for the posterior nerve roots are nourished by the spinal ganglion outside the cord. If the nerve is cut off from the ganglion at any point, it degenerates from that point upward. We know that the posterior nerve roots enter the cord at the root zone, and some of them at least turn up to go to the brain. These lower roots, made up of fibres coming from the legs and trunk, pass up through the column of Goll; the fibres from the arm go up through inner part of the column of Burdack. In the posterior root zone enter the fibres which convey sensations of pain, and of the muscular sense and some of the fibres which convey touch and temperature. The fibres which pass directly into the posterior horn by its apex, the fibres related to the sensation of touch, escape to some extent, consequently the sensations of

touch are less impaired than those of temperature, pain and muscular sense.

What is the explanation of the lightning pains? The sclerosis in this area of the column of Burdack produces pressure upon the nerves there entering the cord. Some of these fibres convey the sensation of pain. If they are excited either by the prick of a pin at the periphery or in any part of their course, the same sensation will be elicited, a sensation of pain. You know perfectly well that whether the ulnar nerve be irritated by pricking the little finger or by compressing it at the elbow, the sensation will be felt in either case at the little finger. And if the ulnar nerve roots be compressed just as they enter the cord the sensation will be felt at the same place, namely, at the little finger. Both of these patients have felt pains in the little fingers and in the legs, but the trouble lay not in the fingers or legs, but in the cord, as just explained.

How can we explain the existence of the Argyll Robertson pupil, as it is called? Why it should occur in cases of spinal disease, especially in locomotor ataxia, we cannot say; but as a matter of fact, the symptom is due to an interruption in the reflex arc. The spinal reflexes are also interrupted. We know that sensations coming in at the posterior part of the cord and passing forward to the anterior horn to give rise to knee jerk, are interrupted in their course in locomotor ataxia. This interruption takes place at the point of sclerosis in the posterior root zone. In a similar manner (by interruption of the reflex arc), do we explain the Argyll Robertson pupil.

This diagram represents the optic nerve with its fibres passing to the corpora quadrigemina. From the anterior surface of the crus cerebri, beneath the corpora quadrigemina, is seen emerging the third nerve, which regulates the contraction of the pupil. The impulse comes from the retina, passes into the corpora quadrigemina, and passes from them downward to the nucleus of the third nerve. Now, it is at a point between the corpora quadrigemina and the third nerve nucleus that the interruption takes place, which interferes with contraction of the pupil to light. In the second patient there is no affection of sight except myopia from early youth; therefore we know that his Argyll Robertson pupil is not due to any trouble in the optic nerve. In the first patient there is gray atrophy of the optic nerve, but that might have come on long after the Argyll Robertson pupil. If this affection of the pupil is not due to disease of the optic nerve, may it not be due to a lesion of the third nerve? It cannot in these cases, for neither of them has paralysis of the third nerve. If they had, there would be external strabismus, dilatation of the pupil, and ptosis.

If then the Argyll Robertson pupil is not due to disturbance in either the optic nerve, or the third or oculo-motor nerve, it must be due to a disturbance either in the nuclei of these two nerves or in the tract which joins the nuclei. That the trouble is not in the nuclei themselves is evident from the fact that there is absence of blindness in one case and of strabismus in both. Why the lesion should lie in the tract connecting the nuclei of the optic and of the oculo-motor nerves in locomotor ataxia, we do not know. The hour is too late to allow any further discussion of these cases.

A word with regard to treatment. Both patients are receiving Fowler's Solution, in from four to six drop doses, three times a day. That is the treatment which all my patients with locomotor ataxia receive at present. It is a treatment for which we can give no other reason than an empirical one. We simply know that it has had a favorable effect in a large number of cases. Gowers, I believe, was the first to treat cases in this manner. Since the publication of his article I have put all my patients with locomotor ataxia upon arsenic. A number have improved in many respects. A cure, after a sclerotic process has occurred in the cord, is, I believe, impossible. I have never seen the slightest evidence of improvement from the use of galvanism to the spine in these cases. I often use it, for some authorities claim that it is of benefit, and I am willing to give my patients the benefit of the doubt.

—A meeting of ex-resident physicians of the Philadelphia Hospital, Blockley, was held on October 25, at the College of Physicians, for the purpose of forming a permanent organization. Among those present were Professors Gross, Wood and Harrison Allen, Drs. De Forrest Willard and James B. Walker. On motion of Dr. Wood, a committee of six was appointed to arrange for a permanent organization. It was decided to hold the annual banquet sometime during the winter months, the date to be left to the discretion of the committee. Dr. H. C. Wood was appointed chairman of the committee, and the temporary officers of the meeting, Drs. Gross and Walker, were made *ex officio* members of it.

COMMUNICATIONS.

INFLAMMATION OF THE BLADDER AND URETHRA, FROM ABNORMAL CONDITIONS OF THE UTERUS.

BY C. W. LEIGH, M.D.,
CHICAGO.

Frequently in the examination of patients suffering from abnormal conditions of the female generative organs, such as lacerations, displacements or ruptures, we find the conditions giving rise to the greatest amount of inconvenience and suffering, are those refering to the urethra and bladder: these varying in the same individual at different times, according to the duration of this diseased condition and the causes operating.

Hyperæsthesia manifests itself by a feeling of heat and weight, which may or may not be constant; a desire to urinate often, the quantity passed at each time being small and followed by a scalding or burning sensation with vesical tenesmus. This condition may continue for an indefinate length of time without producing serious structural changes, but eventually all the above mentioned symptoms become intensified, and genuine inflammation is developed, with the accompanying aggravating phases of the same.

Often it is a matter of some difficulty to draw a line between hyperæsthesia and actual inflammation, and in such cases it is not a matter of practical importance to differentiate, the treatment of each, in such an event being very much the same. In perhaps a smaller proportion of cases, true cystitis, urethritis, or both exist, although of a type peculiar to these cases.

When there is general pelvic congestion from any cause, the bladder is quite liable to participate.

In lacerations of the cervix, ruptures of the perineum, or in any condition where the uterus is made to assume an unnatural position, it sinks lower into the pelvic cavity, and, by the pressure it exerts upon the veins, retards the proper return flow of blood from the uterus. In other words, mechanical congestion results, which may terminate in inflammation; nutrition is imperfectly performed, ulceration follows, and an unhealthy discharge takes place.

This condition gives rise to hyperæsthesia of various parts of the body, but especially of the pelvic viscera and markedly the bladder. The mechanical pressure exerted upon the bladder by a displaced womb is not so frequent a cause in these cases as is commonly supposed.

In retroversion, manifestly there is greater pressure upon the rectum than the bladder, while the latter suffers more than the former. Yet each are excretory organs, performing their functions in a similar manner, and are identical in anatomical structure, *i.e.*, each is composed of four coats: serous, muscular, cellular, and mucus.

A very important factor to be taken into consideration, and one very frequently overlooked, consists in the unhealthy discharges from the uterus and vagina coming in contact with the meatus and urethra, acting as an irritant and causing their inflammation. Urethritis is often produced in this manner, which in turn is followed by hyperæsthesia and inflammation of the bladder. Of course these are results of a mere important lesion. The treatment should be both palliative and curative. Displacements should be corrected by properly tamponading, etc. Lacerations and ruptures should be repaired, and an operation performed for the relief of the same. In the correction of displacements and preparatory treatment for gynæcological operations, the use of "antiseptic wool" is to be preferred, inasmuch as it does not pack into a hard mass, but forming a soft elastic cushion supports the uterus better than cotton does, and at the same time admits of a more perfect circulation. It can be medicated if desired, or placed in position perfectly dry. It is freed from oil and foreign substances, and rendered antiseptic by a solution of biniodide of mercury. This method of treatment has been well described by Engleman of St. Louis, and Etheridge of Chicago.

The palliative treatment consists, in addition to the above, in the employment of remedies directed to the diseased mucous membrane of the bladder and urethra, and none fulfill this purpose any better, if so well, as the preparation of hydrastis canadensis, commonly known as fluid hydrastis, a concentrated fluid without alcohol.

By the process used in the manufacture of this article, the alkaloids in their native combination are said to be retained while the resin is rejected.

Seemingly better results are obtained in these cases from the internal administration of the drug in the proportion of one to four drachms to four ounces of water, a teaspoonful four times daily, than from its local use.

In a patient recently under my treatment,

aged 28 years, who had five years previously sustained a laceration of the cervix and rupture of the perineum, presumably by the use of forceps, urethritis and cystitis followed among the results.

Surrounding the meatus was a swollen and well marked deep red zone, extremely sensitive to the touch; slight supra-pubic pressure produced quite severe pain, and with the finger in the vagina making upward pressure, it was still greater.

Introduction of the finger or speculum into the vagina, either for the purpose of examination or treatment, was always preceded by the local application of a four per cent. solution of cocaine hydrochlorate to the mucous membrane surrounding the meatus urinarius, and by the injection of several drops into the urethra. This afforded considerable relief to the patient on these occasions.

The cervix and perineum were prepared for operation by local applications, tamponading with "antiseptic wool," administration of tonics, laxatives, etc. Specially for the relief of the bladder and urethra, fluid hydrastis was prescribed, both internally and as an injection.

The patient improved quite rapidly and both operations were performed at one sitting, Dr. J. C. Pickard, of this city, and others assisting.

In a short time the generative organs recovered their normal condition and functions, but the cystitis and urethritis continued after the removal of the immediate cause.

If from any reason the internal administration of fluid hydrastis was discontinued, she became worse, but immediately improved when it was resumed.

The same was not true of the injection, although it was beneficial without doubt. Now, at the end of eight months, what appeared as the predominating factor in the case has disappeared and the patient is fully recovered. The preparation is certainly a valuable one, and seems to have a special action upon the entire urinary tract. It is especially useful in the class of cases just referred to.

—Condensed beef in tablets is being introduced into French practice under the name of *tabelettes Rousseau*. Each tablet contains 20 grammes (about 5 drachms) of beef powder, representing 80 grammes of fresh beef. According to the author, this preparation soon makes chlorotic and cachectic patients able to digest other kinds of nourishment easily. —*Am. Druggist*, Aug. 7, 1887.

INEBRIETY AND INEBRIATE HOSPITALS IN AMERICA.[1]

BY T. D. CROTHERS, M.D.,
Supt. Walnut Lodge, Hartford, Conn.; Editor *Journal of Inebriety*, etc.

Origin of the Movement.—In 1809, Dr. Benjamin Rush, of Philadelphia, Pa., published a work entitled "Medical Inquiries," in which he declared "that intemperance was a disease, and that hospitals for its exclusive treatment should be established in all the principal cities of the land." Similar views had been urged at different times in the past, dating from the comments of Ulpian, the Roman jurist, who wrote in the second century of the Christian era.

The honor of bringing this fact into the realm of practical science is due to Dr. J. E. Turner, a practicing physician in the state of Maine. He vitalized this idea in the organization of the first inebriate hospital in the world. In 1846, Dr. Turner became interested in this work, from an ineffectual effort to save an early friend who was an inebriate. He recognized the nature of the disease of inebriety and the need of hospital treatment, and began an enthusiastic agitation of the subject. After eight years of most persistent effort, in the face of great opposition, he succeeded in enlisting the attention of many eminent medical men, and in forming a company to build an Inebriate Hospital, with the late famous surgeon, Dr. Valentine Mott, as president. Laws were passed to give power to hold inmates, a charter was granted, and nearly ten thousand pounds subscribed for the grounds and building. Ten years later, in 1864, a magnificent building was completed and opened for patients, at Binghampton, N. Y., the pioneer hospital of the world. Later, a fire destroyed part of the building, which was soon after rebuilt. Then the board of trustees became involved in a controversy with the founder, Dr. Turner, resulting in his retirement, and placing the hospital in the care of the State. Passing into the management of politicians, its history was a series of misfortunes, until finally it was changed into a chronic insane asylum. Thus Dr. Turner, the founder, who had conceived and built this hospital, giving over a quarter of a century of time and effort, and his own personal fortune, shared the fate of all reformers and benefactors of the world, in the obloquy and disgrace of being driven away from the creation of his own genius.

[1] From an Address delivered before the International Congress on Inebriety in London, England.

Thus the pioneers and leaders of all great truths of science are martyrs in their day and generation.

The enthusiasm which at first centered about Binghampton Hospital reacted, and the moralists and temperance advocates, who from the first had opposed this movement as an "infidel work" to diminish human responsibility, used every means to spread the idea of failure and condemn other efforts in this direction. But a great fact had been recognized, and its practical character had taken deep root in the public mind. The birth of the Binghampton Hospital was followed by the organization of over a dozen different hospitals for this work in different parts of the country, some of which are still in existence, doing grand work.

The Hospitals for Inebriates of to-day.—Notwithstanding the misfortunes of the first hospital and its founder, a large number of similar places have been organized and managed with success. As in all new enterprises, many of these hospitals must suffer from non-expert management, and be organized on some theory of the nature and treatment of inebriety not founded in correct study and experience. After a time they are abandoned, or changed to homes for nervous and insane cases. Over fifty different hospitals for inebriates have been established in America. More than thirty of this number are in successful operation; the others have changed into insane asylums, water cures, etc. Three large buildings or institutions are practically "faith cures," where all physical remedies and means are ignored. Several asylums are called homes for nervous people, to conceal the real cause, and thus protect the patients from the supposed stigma of inebriety. Others are literally lodging houses, where the inmates can remain a few days and recover from the effects of spirits. Several places make a specialty of opium cases; in some the treatment is often empirical. In only a few of these hospitals is inebriety studied and treated on a scientific basis. The others are passing through the ordeal of "elimination and survival of the fittest," incident to every new advance of science. In many of the States large public hospitals are projected, and are awaiting pecuniary aid from the State or from other sources.

Inmates of Hospitals, and the Cures.—Not less than two thousand inebriates are under treatment in hospitals in America. Over a thousand of this number are in special hospitals. They represent most largely the incurable cases; persons who have tried every means found in the pledge, prayer, and by moral suasion, and exhausted every resource of home and friends, and come as a last resort, expecting extraordinary change and cure. They have been victims of this disease from five to thirty years, and present the most complex and varied degrees of physical and mental degeneration. Yet, notwithstanding this fact, the experience of the few scientific hospitals in the results of treatment is exceedingly promising. Statistics of over three thousand cases, which have been under treatment at different hospitals, indicate nearly forty per cent. restored and temperate after a period of six to eight years from the time of discharge from the hospital. The best authorities unite in considering thirty-five per cent. of all who remain under treatment one year or more as permanently restored. In view of the chronic character of these cases, and the imperfect means of treatment, these statistics are encouraging, and indicate great possibilities in the future from a better knowledge and control of these cases.

Legal Control of Inebriates.—The legal control of the inebriates in America, and legislation, are very imperfect. In Connecticut, the best laws are in force, giving power over inebriates to voluntarily commit thenselves, or be committed by their friends, without the formality of appearing before a judge or court. In other States they are committed to asylums in about the same way as the insane are. In the hospitals they are controlled legally the same as the insane, only with more difficulty, and the constant intrusion of disputed questions of authority which cannot be settled. Nearly all the leading hospitals have special powers of control, which they exercise with caution in most cases. But generally both legislation and legal authority are not far ahead of public sentiment, and hospital managers are unwilling to go beyond this. Most of the hospitals have power to control patients a certain specified time, agreed upon when admitted to the hospital.

Hospitals organized by State and private means.—Most of the inebriate hospitals in America are private and corporate organizations, which receive, from time to time, State aid. Some of them have endowments, such as free beds, or incomes from estates, or are given so much of the license money. Others depend upon the income from patients, private donation, and charities generally. Very few paupers or indigent poor are received in any of these hospitals. This class appear in the "lodging" and "faith cure" places. The State of Con-

necticut has projected a workhouse hospital for the criminal class of these cases where the commitment is for three years, but want of State aid has prevented practical work so far. In three other States similar projects for the pauper inebriates have been organized, but for various reasons have not gone into operation.

Literature of the Subject.—The exact scientific study of inebriety has revealed facts and conclusions which have aroused bitter controversy, from those who should have been first to welcome its truths.

A large number of so-called reformers have been from the first denouncers of the disease theory, but unwittingly they have greatly helped on the work by controversy and agitation. In 1870, an association was formed of persons who were connected with inebriate asylums, or interested in the subject, called the American Association for the Cure of Inebriates. This Association has met yearly and semi-yearly ever since, and its papers and transactions comprise the first permanent literature on this subject. In 1877, the *Journal of Inebriety* was issued as the organ of this association, and from that time has been the medium through which most of the literature of the subject from America has been presented. Inebriety, and its curability in special hospitals, has been the cardinal principle of this Association, which it demonstrated and maintained with increasing vigor. Discussing exclusively the physical side of this subject, amid difficulties which only pioneers in a new field have to contend with, the foundation of a scientific literature has been laid which will be historic to future students of this subject. This Association and its journal are great silent powers, crystallizing and marshalling the many facts constantly appearing from a study of these cases. Already two members of this Association, Dr. Parrish and Dr. Wright, have published works on inebriety that mark the beginning of a "new era," and have given great impetus to its scientific study.

Inebriety in America.—It is evident that inebriety in America partakes largely of the intensity of life and living so noticeable to foreigners. It is more precipitate, maniacal, and rapid in its progress; stronger spirits are used, insanity follows more quickly, and all forms of degeneration appear.[2] The life of an inebriate, dating from the time of the first intoxication, is much shorter than in other countries. The victim seems to plunge into every form of excitement, such as speculating, politics, religious and temperance agitations, and every new movement which attracts attention. Public sentiment seems to seek relief more for the inebriates who are active brain and muscle workers, but has not advanced far enough to be much interested in the pauper and criminal classes. It is the cure and treatment of these cases, who seem to have power to help themselves, the men of genius, education, property and influence, that are rousing interest in the subject, and creating a demand for help, which quacks and charlatans are rushing forward to meet. Eleven different specific remedies are advertised as certain cures for inebriety, and the intensity and impulsiveness of the various moral movements for this end are psychological wonders of the age.

Some Conclusions.—The history of the inebriate asylum movement in America is only a repetition of every real advance in science, passing three regular stages of growth: first, agitation; then opposition; and finally acceptance. It is now in the first and second stages. The students of science who have examined the facts find the disease of inebriety and its curability in special hospitals supported by such an array of evidence as to demand its full acceptance. The opponents, who have misunderstood the subject, are still agitating and opposing this view. Inebriate hospitals in America are rapidly merging into well-appointed, thoroughly scientific places for the study and cure of the inebriate. Empiric institutions, managers, and methods of treatment still exist, but in them all there are most hopeful indications of a larger and more accurate work. A great undercurrent of public sentiment is not content with only the moral remedies urged by agitations; they are turning to physicians and scientists, with a growing conviction that from this side the true remedy for this evil will be found. The few pioneer workers grope along the borders of this "new continent" of facts like the "old Northman" on the shores of New England, conscious that a great, new, unknown world of laws and forces stretch out before them. The demand in America, as elsewhere, is for well established facts concerning inebriety and its treatment in special hospitals,—facts and conclusions reached by competent observers, and based on data beyond question. The subject must be studied, independent of all opinions and metaphysical theories, before its cure or prevention will be a practical

[2] Heredity is more positive and certain, both from inebriety and the many complex nerve diseases. Neurasthenia and all forms of nerve strains and drains are very active factors in the causation.

reality. Legal power over the inebriate long enough to make a possible cure, and means to organize and sustain hospitals for this purpose, are demanded everywhere to-day. These wants are being rapidly recognized, and all investigation sustains the conviction that the time is not far away when the inebriate will be taken from his home and on the street, and quarantined in special hospitals, the same as if suffering from an infectious disease. If an incurable, he will be housed and made self-supporting for life. A united sentiment in this direction will be felt all along the line of progress and civilization.

EGYPTIAN TAMARIND FOR HEMORRHOIDS.

BY J. C. BROBST, M.D.,
LITITZ, PENNA.

Very recently my attention has been attracted to the Egyptian Tamarind Flower, a blossom that may be considered a most excellent specific for bleeding hemorrhoids or piles. In my practice I have had the most extraordinary results from its positive curative powers, and especially has this been so in cases deemed incurable and given up by other physicians. Prior to using it, I was in the habit of employing injections of turpentine, perchloride of iron, ointments of nutgall, oxide of zinc, rosemary, acetate of lead, and numerous other astringents; and while these may all give temporary relief, the actual or net result is irritating rather than soothing, as most certainly are the effects of the tamarind flower. I have noticed, after giving my patients three or four wineglassfuls of the decoction, that they were instantly relieved of the persistent itching and burning sensation, while the excrement seemed to be materially altered by it. I have also tried "tamarind" in nervous debilitated women, with like good results, especially when their sickness has been complicated with costiveness and loss of appetite. In these cases tonic properties were plainly discernable, and tamarind flower may in my judgment be well considered a "tonic laxative."

In Dr. W. H. Howell's essay, read before the State Society at Scranton, Pa., he speaks of tamarind flower in decoction as one of the best laxative nervines. The flower also makes an excellent face-wash, and for the removal of freckles and pimples it cannot be excelled.

In this present day, when both the profession and laity are fully aware of the fact that the physician is by no means the only resource and medium of alleviating and curing diseases, I should like to have it placed on record that for the diseases mentioned herein, I believe the tamarind flower possesses more virtue than any other drug.

OBSTETRIC PRACTICE—CASES.

BY STANLEY M. WARD, M.D.,
ELLENVILLE, N. Y.

Breech Presentation with Hydrocephalic Head.

Most authors, so far as I can learn, agree with Scanzoni, in stating that about 20 per cent. of all hydrocephalic children are born with some or part of the body presenting beside the head. The patient, whose case I am about to narrate, is a German woman, healthy, well-formed, and was 23 years of age, pregnant with her third child. At the age of 20 she was delivered of a hydrocephalic child, breech presentation, after a tedious labor. I did not attend her and cannot furnish details. Her second child was born in about a year, was well-formed, and her labor was normal, though somewhat slow. During her third pregnancy I was consulted, as she expressed her opinion that the child would be malformed and present improperly. I examined her by the vagina and externally, but could get no information. She was taken in labor about noon. On reaching the house and making an examination, I was unable to make out the presentations at first; soon, however, I detected a breech and feared that I also should have a hydrocephalic head, in the light of her previous history. Uterine contractions were not strong, and expulsion took place slowly. In due time I delivered the feet, arms and part of the body of the child, and hoped then to be able to apply the forceps to the after-coming head. This was found to be impossible. The child was very large, and nearly completely filled the vulvar aperture. Her pains now ceased, and by the time my consultant, Dr. J. J. Ward, reached the house, the child was dead. We attempted delivery by the blunt hook, having thoroughly satisfied ourselves of the death of the child, and the presence of hydrocephalus. We tried the hook first in the jaw and in both eyes afterwards, vainly; the bony walls of the eye-sockets broke down completely, and we tore the jaw down. The patient would not allow anæsthetics to be used, which, of course, compelled us to work at a disadvantage. Dr. B. R. Bevier now joined us. He attempted to apply forceps to the body of the child, but failed. I now

suggested a procedure of which then I had never heard, but which I since have seen recommended by some authorities, viz., decapitation as high up as possible, and forceps to the head remaining in the uterus, or failing to apply them, to perforate. This plan was objected to, and I yielded. After many attempts and failures I finally succeeded in getting my hand, not a large one, within the uterus and around the child's head. I had provided myself previous to introducing the hand with a bistoury well protected so that only the point projected; with this a hole was cut into the head large enough to permit of its enlargement with the fingers and it was soon made large enough to admit the hook; the other physicians performed traction on the legs and body of the child, and I managed the hook, and thus we succeeded in delivering her about midnight. As before noted no anæsthetic was allowed. The woman's getting up was not delayed. Her breasts she managed herself in a manner peculiar to German women in this locality, viz.: applied camphor, gum and lard thoroughly, and then bind a wide piece of muslin as tightly around them as possible. I can vouch for the usefulness of this proceeding.

This woman has since been twice pregnant, aborted once at four months, and had a living well formed child at full term in April last. This labor was normal, but tedious, like the second one. Should I ever be so unfortunate as to find this state of affairs again, I intend trying the method suggested by Tarnier, namely, to open the spinal canal as high up as may be, and by means of a catheter inserted through this opening into the brain cavity, to withdraw the fluid. Something of this kind suggested itself to both the consultants and me, when we were considering this case, but neither of us knew then of the success achieved by the distinguished French teacher.

Puerperal Septicæmia.

During the month of May, 1886, I had two consecutive cases of child-bed fever. Both made good recoveries. These were the only cases I saw either in my own practice or in that of my father, Dr. J. J. Ward, although we attended nearly seventy-five women in confinement between that date and the following April. On the 13th of April, 1887, I was asked by Dr. J. J. Ward to see with him Mrs. R. H. B., whom he had attended in confinement four days previous. Her labor had been normal and easy for a primipara. The placenta had been expelled naturally and without any interference, and the uterus had contracted well. Her nurse had had a carbuncle on the back of her neck a week or two previous to the confinement, but as it had healed nicely, and she had been but little in the lying-in chamber, no danger was apprehended. The patient had done well until the evening of the third day after confinement, when she was attacked with a heavy chill, followed by aching head and limbs, with the usual attendants of fever. When I saw her she had photophobia and headache, yet seemed bright and cheerful. The external genitals looked healthy, but the lochial discharge was scanty and somewhat offensive, and the vagina was hot. My hand on withdrawal contained strings of a nasty, dark looking material. There was no secretion of milk. Notwithstanding the fact that nearly a drachm of quinine had been taken in divided doses since the first appearance of sepsis, and that vaginal injections of hot carbolized water had been used, probably in a perfunctory way, her temperature in the axilla was 105½°, and her pulse 120. It was between three and four o'clock P.M. The vaginal injections were ordered every four hours, to be used thoroughly, and ten grains of antipyrine were also given; the nurse was also ordered to sponge her thoroughly and to repeat it when the body heat seemed excessive. At 8 P.M. she was no better. She slept badly during the night. At 3 P.M., the next day, the local symptoms were aggravated; temperature 105°. She was given a scruple of antipyrine, and sublimate injections replaced the carbolized water. Affairs went from bad to worse, and at 9 P.M., when the attending physician and myself made our evening visit, he suggested that I take charge of the patient in the double capacity of nurse and physician. I therefore stayed in the house the entire night, administered medicine and used the injections. For nearly a week I lived in her house, and left her for but a few hours at a time. Nearly every unfavorable symptom that one might think of, except vomiting, we were called to combat,—diarrhœa, checked finally by suppositories of nitrate of silver and opium; delirium; excessive interior hemorrhage ending in a state of collapse, so that all one night we stood by her bedside using hot applications to the extremities, with hypodermics of brandy and ergot; abdominal pain and tenderness, together with excessive and almost uncontrollable hysterical symptoms—she had them all. Locally, the vagina became one festering mass. The sides and as far back as I could see were covered with a deposit that looked, possibly

was, diphtheritic; pus was formed in abundance and flowed freely out of the vulva; excoriations and erosions of the vulva occurred, and at times hemorrhage from this part took place. On the fourteenth and fifteenth days after her confinement, following severe uterine pain, she passed two masses about the size of a hen's egg from the vagina, which upon being opened emitted a sickening stench. These masses were either decayed and putrefying blood or else, as I then thought, parts of the degenerated endometrium.

The woman finally recovered and was around the house by the middle of May. A word or two as to the treatment she received. There are many fine spun theories which seem impregnable and satisfactory until put into practice, while on the contrary many procedures which are found to answer all the requisites in practice are hard to defend by pure reasoning. I may confess that, having consulted many authorities both ancient and modern regarding the fever of child-bed, I can advance no theory either as to its cause or treatment that could not be easily controverted by a believer or unbeliever in its septic causation; nevertheless I am no more certain of my own existence than I am of the fact that this patient would have succumbed under any less active treatment than was instituted. This was above all antiseptic. For several days she received vaginal injections every three to four hours night and day of either corrosive sublimate one to three to four thousand, or, after diarrhœa suspended, solution of chlorinated soda, diluted one-half. Of uterine irrigations she received but two, both of the chlorinated soda. Beside this her vagina was packed from three to four times daily with boracised cotton, and the external parts freely sprinkled with a mixture, half-and-half, of iodoform and boracic acid. Over the vulva was placed a pad of iodoform. Antipyrine proved its great value in this case, as I have seen it do many times before and since. A scruple, administered in brandy and water, would, within an hour, reduce the temperature from two to three degrees without any symptoms of collapse; and this with stimulants, chiefly alcoholic, was all the medication she received save as special symptoms demanded it.

Puerperal Convulsions.

On July 3d, 1886, saw Mrs. S., aged 18, primipara and far advanced in pregnancy, in a convulsion. The time was one P. M. Gave a half grain of morphine hypodermically. Could get no history, as the woman was unconscious and the friends around knew nothing except that they had found her on the floor in a fit about a half-hour before. Having made an engagement prior to my seeing this patient, I told the family that I would be back in three hours, and if she had another convulsion to call another physician. Returned about a quarter before four and found Dr. Eastgate in attendance. The patient had rested quietly for nearly an hour after I left her, and then had a convulsion. The doctor had been in the house but a few minutes when I arrived, and requested me to take charge of the case with him. While discussing various plans of treatment, another convulsion occurred. Dr. Eastgate administered chloroform immediately and I examined the uterus by the vagina. The os was slightly dilated. We inserted a catheter into it, and as soon as the convulsion ceased made ineffectual attempts at venesection. In ten minutes another convulsion took place, and chloroform was again resorted to. As soon as possible another half grain of morphia was given hypodermically and a half drachm of chloral administered by the rectum. She did not have another convulsion until five o'clock. It was quite severe, notwithstanding the fact that chloroform had been administered all through the interval. Another injection of chloral, twenty grains, was administered. Chloroform cautiously continued. An examination of the uterus disclosed the fact that the child was making good headway. The membranes were protruding. At six o'clock she had another convulsion. It was not so hard as the others. Dr. Eastgate now left me to meet other engagements. At seven o'clock another convulsion occurred. I now ruptured the membranes and applied the forceps high up, delivering a large female child. The patient fell asleep, and after watching her an hour and observing no return of the convulsions, left her until the next morning. Found her at that time sensible and entirely ignorant of having given birth to a child until it was placed in her arms. This woman was perfectly unconscious from one o'clock P. M., July 3d, until four o'clock the succeeding morning.

Case II.—July 28th, 1886, saw Lena W., unmarried, pregnant with her first child. Dilatation was slow, and about two in the afternoon, having given morphine and chloral without effect, commenced administering chloroform. In fifteen minutes thereafter she had a convulsion. Dr. J. J. Ward and a fresh supply of chloroform were sent for. Before he reached me another convulsion took place. We administered chloroform then as

required. The convulsions occurred very rapidly, and the os uteri seemed very rigid. As soon as possible, and after she had had six convulsions, the forceps were applied and the child safely delivered. Dr. J. J. Ward now left me, and I was preparing to go also, when another convulsion, the hardest of any, occurred. I immediately resorted to the chloroform again and kept her under its influence one hour, then gave a quarter of a grain of morphine hypodermically and left her. Saw her at nine P. M. She was in a dazed condition; face bloated. Gave twenty grains of chloral by the mouth. In the morning she was much the same, though she had slept well during the night. Gave two drops of croton oil, with instructions to repeat in six hours if necessary. At four P. M., found her better. The oil had operated, she had passed urine and was perfectly conscious. She then for the first time realized that her child was born.

ON THE CONJUGAL QUESTION.

BY JANET E. RUNTZ-REES.

In the lower animals, where the balance of sexual relation is perfect, passion is frequently greatest in the female. In the generative relation of man this is less often the case, and where it is recognized as existing, it is rarely insisted upon. The reason of this fact is obvious. Among semi-barbarous people the male is inordinately jealous of the purity of parentage; he selects his wife, less from attraction or motives of affection than as the future mother of his children, and as affording reliable soil for his generative seed, and seeks more ardent embraces in the concubine. Hence, in the evolution of race, passion in the male is increased in transmission, while in the female a corresponding repression of natural instincts results. Now, this fact is attended with far reaching and injurious consequences. Nature is cruel; she demands perfection; and inflicts suffering upon all that fall short of her standard. The sexual relation, as nature intends it, includes perfect physical adaptation and absolute mental harmony. The evil resulting from imperfect physical adaptation is more serious for the participants; that arising from mental disagreement involves the healthful morality of the offspring.

Physical inharmony arises from one of two causes: either the male is precipitate in expression, and, if selfish or wanting in generosity, ignores the fact that he has aroused desire in his companion without gratifying or awaiting the expression of its appetite; or the female is the more ardent of the two and her lover is irritated by her anticipation of his relief. Perfect physical adaptation means equal ardor of anticipation on either side, mutual enjoyment of the mechanism of the sexual act, and simultaneous expression. In every case where union is less perfect, nature inflicts physical suffering on one or both of the participants. Coitus, in such cases, soon becomes mechanical to the male—mere appetite; and wearisome to the female. In her case, inharmony in physical adaptation is followed by one of two results: either she becomes indifferent and her non-response is followed by induration, congestion of the ovaries, partial paralysis of the generative organs, arrested menstruation, and incipient abscess or cancer; or the irritation and constant mechanical action of the sexual parts without corresponding relief, induces inflammation and a morbid *abstract* appetite, which bears no relation to affection, and is indifferent as to the individual; is, in short, depraved passion, and leads to infidelity, which is the open door to prostitution, and to nymphomania and insanity.

Mental harmony in the sexual relation means: ardent mutual love; absolute sympathy; unified expression. Where physical harmony exists, the gratification of desire results in healthful, true marriage; where both physical and mental harmony accompany the union of the sexes, a perfect marriage is consummated. The offspring of the true marriage is healthful and physically robust, the child of the consummation of the *perfect* marriage, in which physical adaptation is seconded by mental harmony, is—heaven inspired genius.

Every sexual union, of whatever nature, lawful or illicit, that does not include one or both of these harmonious relations, is prostitution, the mere gratification of unhallowed lust, to be followed by the unerring Nemesis of outraged nature, by suffering to the third—aye, and fourth generation.

—Dr. Harris thinks that if Macduff told the truth when he said: "I am even he that the wizards have told thee of, who was never born of any mother, but ripped out of her womb"—he is much more likely to have been delivered by a horn or sword than by the knife of a surgeon.

Society Reports.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, October 28, 1887.

The President, T. Mitchell Prudden, M.D., in the chair.

Report of the Committee on Microscopy.

Incrustation of the Tube Employed in Intubation of the Larynx.

At a recent meeting of the Society, Dr. Boldt presented a tube employed for the relief of laryngeal stenosis, which was coated with some kind of deposit. The committee on microscopy reported that the incrustation was limited almost exclusively to the exposed head of the tube, and was composed of the carbonate of lime. There was slight roughening of this portion of the tube, and the inference was that corrosive sublimate, used in the treatment, had formed an amalgam with the gold plating, after which the carbonate of lime was deposited.

Dr. Northrup said this raised a new point in the history of intubation. He had himself had a case in which the tube was slightly roughened after the use of corrosive sublimate. The patient's voice returned slowly after the tube was withdrawn, and perhaps this roughened condition of the tube would account for that fact.

Diverticula of the Mucous Membrane of the Bladder, with Diapedesis.

At the last meeting of the Society, Dr. Northrup had presented the bladder of a man who as many as half a dozen times had passed clear blood with the urine. At the autopsy, some enlargement of the prostate was found. The walls of the bladder were slightly thickened, and in the mucous membrane were apparently round, punched out ulcers. The bottom of the ulcers appeared red, as if in a state of ulceration. The microscopical examination, however, showed the mucous membrane intact, and that the depressions were only diverticula. The hemorrhage was accounted for by Dr. Prudden on the supposition that the flow of blood was here interfered with, resulting in diapedesis. This case had been of further interest in the fact that there was congenital absence of one kidney, and carcinoma of the gall bladder.

Dr. Northrup presented (for a candidate) a specimen of kyphosis, with the history.

Uterine Hemorrhage Some Years After the Menopause.

Dr. A. P. Dudley related the case of a woman, who thirteen years after the menopause suffered from uterine hemorrhage, attributed by her physician to a fibroid. Examination failed to reveal a fibroid or any condition to account for the hemorrhage. The cervix being dilated, the mucous membrane was scraped, and a considerable quantity of a material resembling myxoma or polypus was removed. It was believed not to be malignant.

Hæmatoma of the Ovary.

Dr. Dudley also presented an ovary, the seat of hæmatoma, removed from a girl twenty-two years of age, who had been under his treatment for a year for local pain referred to the region of the ovary. Treatment by hot water, iodine, blisters, etc., failing, he finally resorted to laparotomy. The hæmatoma occupied the greater part of the organ. The patient was now convalescent, and had suffered no more pain.

Dr. Carpenter related a case the history of which was almost identical with that of Dr. Dudley's first patient.

Tubercular Meningitis.

Dr. L. E. Holt presented the brain of a child four and a half years old, the seat of tubercular meningitis. The child had healthy parents, but tubercular grandparents. The symptoms of meningitis were well marked, but neither before nor after death was there evidence of pulmonary tuberculosis found. A few tubercles were present in the bronchial glands. A point of some interest was the presence of a cheesy focus of considerable size at the lower extremity of the third frontal convolution, although during life there had been no disturbance of speech. There were scattering tubercles in the spleen and liver.

Acute Strangulated Hernia, Complicated by Acute Hydrocele.

Dr. W. H. Porter presented a portion of the intestine with the following history of the case: A man, between thirty and forty years of age, developed on last Friday night active symptoms of strangulated hernia. He had never before had any tumor in the inguinal region or scrotum. When a physician was called he found a large painful tumor in the right inguinal region, and tumefaction of the right side of the scrotum. He instituted taxis and caused rapid disappearance of the scrotal tumor, and, as he supposed, disappearance of the strangulated hernia.

But the symptoms of strangulation continuing, he made repeated attempts at taxis until Sunday night, when the patient became moribund and was transferred to a hospital. The surgeon in charge thought that at this time an operation would only hasten death, and it was not performed. At the autopsy there was no tumor in the scrotal or inguinal region. It was found that the sac of the hydrocele had ruptured and the fluid (about a pint of bloody serum) had escaped into the peritoneal cavity. There was no peritonitis. A knuckle of intestine was strangulated at the internal ring, but the gut was in fair condition.

Multiple Diverticula of the Bladder; Vesical Calculi.

DR. IRA VAN GIESON presented a bladder, the seat of a number of small diverticula of the mucosa, and of one larger one containing a number of small calculi. The case was interesting as illustrating how larger diverticuli might be formed from smaller, viz., by the deposit successively of small calculi in its interior. A small aperture led from the diverticuli to the interior of the bladder. The pelvis of one of the kidneys contained a number of calculi the size of a pea. There had been no clinical history referable to the bladder.

EDITORIAL DEPARTMENT.

PERISCOPE.

Infectious Tonsillitis.

In a review of this subject in *Le Concours Médical*, September 17, 1887, O. Le Gendre says: In 1880, Professor Ch. Bouchard taught that acute tonsillitis ought to be considered an infectious disease. He based his opinion upon seven observations. He had four times seen tonsillitis accompanied with an infectious nephritis, the urine being loaded with bacteria. In one case, the nephritis, which had seemed to get well at the same time as the tonsillitis, relapsed at the end of the twelfth day. In this attack, typhoid symptoms showed themselves, and the patient died. In another case, in which the nephritis appeared eight days after the outbreak of the attack of tonsillitis, the former became chronic. M. Bouchard also saw a father and daughter attacked simultaneously with sore throat, both of them presenting a transient albuminuria with bacteria in the urine. He has cited two observations in which, on the decline of acute tonsillitis, there appeared a pseudo-rheumatism involving especially the periarticular fibrous tissues of the joints of the fingers. In a case of phlegmonous tonsillitis, he has demonstrated, in the pus taken from the openings in the abscess of the tonsil, an enormous quantity of short and slender bacilli.

It cannot be denied that cold and dampness play a part in the etiology of tonsillitis, but it is a part similar to that which is properly ascribed to them in pneumonia. Cold permits the microbes, which are carried by the liquids of the mouth and by the air and deposited upon the tonsils, to invade the crypts, to penetrate more deeply, and to infect the whole organism. If the organism is in a bad condition already, if the patient is an overworked, ill-nourished alcoholic, the infection will have a greater hold upon him. In such subjects the infectious state is so marked that every physician, even if not disposed to favor parasitic notions, will be obliged to recognize the general disease.

M. Dubousquet-Laborderie, of St. Ouen, has recently insisted upon the gravity of amygdalitis developing in this way. Chills, a violent fever, anorexia and headache open the scene as in every acute tonsillitis; but, besides, the patient complains of extreme backache, which sometimes is unbearable; swallowing is painful and the throat hyperæsthetic; nevertheless, one only finds redness and some swelling of the mucous membrane; no exudate, either herpetic or diphtheritic. However, there is more or less engorgement of the submaxillary glands. Some complications analogous to those of diseases which are most positively infectious can be pointed out: typhoid symptoms, vomiting, fœtid diarrhœa, albuminuria, with epithelial débris and bacteria in the urine, pseudo-rheumatic joint-diseases, even to orchitis and ovaritis, which Jöal has noted, as they are seen in mumps.

Just here may be related a very curious observation by Professor Henrot, of Rheims, who was by turns spectator, actor and victim in the pathological drama.

Dr. Henrot was called on May 1, 1886, to see a patient who had passed three or four days in Paris occupied with business affairs. He had been subjected to a draught, and in the evening, on retiring, he was seized with a sharp pain in the throat, which prevented him from sleeping. At the time of his first

visit, which occurred in the morning, there was only redness of the arches of the palate and of the left tonsil. For some time the patient had been occupied with business that required considerable thought, and had become nervous and impressionable, although the pain of which he complained seemed exaggerated, for the redness was not very intense and did not cover a large surface. In the evening, there was some œdema of the uvula. On May 2d, the uvula was swollen to the size of the thumb, but the rest of the mouth not especially swollen. The swelling extended so as to involve the tongue and prevent the swallowing of even a drop of water. The larynx remained unaffected. Finally, the neck also became swollen and the lower jaw immovable. M. Verneuil was called in consultation, and used the thermo-cautery. No pus was found. On the 5th of May, the patient was somewhat easier, but the bowels were obstinately constipated, and very little urine had been passed since the beginning of the disease. Profound adynamia ensued some hours later, and on the 6th of May the patient died in coma.

MM. Henrot and Verneuil regarded the disease at the beginning as due to the poison of anthrax, but M. Dubousquet-Laborderie considered it as analogous to several of his observations in infectious tonsillities.

M. Henrot himself was taken sick in a short time afterwards with an attack similar to the one his patient suffered from; and after a very sharp illness, lasting three or four days, recovered.

Renal Ballottement.

Dr. Charles Tisné, in the *Annales Médico-Chirurgicales*, August 1, 1887, reviews a paper by Dr. Clado, which was published in *Bulletin Médical*, July 27, 1887. The following directions are given for practicing renal ballottement: Let the patient lie horizontally, without flexing his thighs. Then insert the right hand into the space between the ribs and the ilium, and make at first gentle concussions. If pain is occasioned, the exploration ought to be made very gently. The left hand resting upon the abdominal wall exerts too gentle a pressure to render the kidney immovable, but feels the movements of the kidney and explores its wall. As the result of experiments made upon a healthy man and upon the cadaver, M. Clado concludes that perception of the shock of the kidney clearly indicates an increase in its volume. Ballottement, as might be expected, is easy in thin subjects and difficult in fat ones. Moreover, the pain in acute affections of the kidney, and the contraction of the abdominal muscles which accompanies it, absolutely prevent its successful employment.

If it is true that ballottement indicates an increase in the volume, it ought to disappear when the kidney returns to its normal state. This is actually found to be the case in the congestion which accompanies the painful attacks of pyelonephritis. If the size of the kidney is great enough to reach the abdominal walls, ballottement disappears.

M. Guyon has investigated this sign in a great number of surgical affections, and especially in tumors of the kidney. Its importance is extreme from an operative point of view, for the sooner ablation is performed, the less is the danger. It is evident that a study of the patient will alone reveal the nature of the disease.

The production of renal ballottement bears no resemblance to fœtal ballottement, because, in addition to normal adhesions, there can exist some pathological adhesions without which ballottement ceases to exist. Simple palpation does not suffice, because the kidney, but little increased in size and fixed posteriorly, does not extend beyond the verge of the psoas and of the crest of the ilium, while, by this procedure of M. Guyon, the kidney is driven forwards and outwards from its seat by the exploring finger.

Salol.

Seifert states in the *Centralblatt f. klin. Med.*, No. 14, 1887, that he has employed salol as a mouth-wash and gargle with very good results in different ulcerative processes in the mouth. He makes a six per cent. solution in alcohol, and adds a teaspoonful of this to a glass of warm water. The drug was not only well borne, but also relieved the disease much more quickly than the treatment with chlorate of potash or salicylic acid. The author calls particular attention to a case of chronic diphtheria which for three weeks had resisted every treatment. After using the salol gargle for three days, the dense, tenaciously adherent membrane became loosened, and did not return.

Insufflations of salol in fetid atrophic rhinitis, in the after-treatment of operations upon the nose, and in tuberculous ulcerations of the larynx, gave less favorable results. The drug acts as an antiseptic and is not irritating, but does not cling to the mucous membrane, and is therefore unsuitable for the purposes just named.—*Centralblatt f. d. med. Wissensch.*, September 10, 1887.

Phlebitis in Gonorrhœal Rheumatism.

In reviewing this thesis of Charles Martel's, Paris, 1887, Pichevin says: It is admitted at the present time that gonorrhœa, which is a local affection at the outset, can produce a general infection of the body by the introduction of the gonococcus into the circulation. This diffuse infection can manifest itself by localizations appearing at a distance, in the eyes, articulations, heart and nerves. Martel has undertaken the task of throwing light upon some of the more rare and less recognized manifestations of the infectious state created by the gonococcus. The purpose of this inaugural thesis is to prove the microbian nature of certain inflammations of the veins arising in the course of gonorrhœa.

After stating that, unfortunately, the observations collected by the author are not all absolutely convincing, and endorsing Martel's words that a small number of facts proves nothing, Pichevin expresses the opinion that in affirming the microbian nature of phlebitis there ought to be presented conclusive microscopic, anatomical, and experimental proof.—*Progrès Médical*, August 27, 1887.

New Way to Use Iodine as a Disinfectant.

In the *Med. Press and Circular*, October 5, 1887, Drs. Casson and Brownen give the following original method of developing the vapor of iodine: The deodorizing properties of iodine have been long known, and although it has for many years been employed as a deodorizer in the cancer wards of the Middlesex Hospital, and probably in many other similar institutions, its employment as a general disinfectant has been greatly lessened, owing to the difficulties experiencd in its regular and gradual vaporization. Combined, however, with salicylic acid they find that it can be readily and permanently incorporated with fats, paraffins, or wax, and when candles made from these hydrocarbons thus treated are ignited, iodine and phenol are evolved in a gaseous vaporized form. The phenol is produced by the decomposition of the salicylic acid, and its amount varies according to the temperature or rate of the combustion. Its presence may be verified by passing the vapors of the combustion through dilute nitric acid, and thus producing trinitrophenol or picric acid. But where the combustion is rapid and complete, the phenol is entirely destroyed, as all other *organic* materials, such as eucalyptus, which has been suggested for somewhat similar treatment, must necessarily be. It is not so, however, with regard to the iodine. Being *inorganic*, it is wholly volatilized and thrown out as vapor into the surrounding atmosphere, but it is in no sense destroyed. Its presence in the gaseous products of the combustion may be demonstrated by passing them through a solution of starch, or along a tube moistened with starch mucilage. In either case the iodide of starch is speedily produced, and may be recognized by the usual tests. A very faint odor of iodine may be detected when these candles have been burnt in quantity in a close atmosphere; but this is never unpleasant, or in the least degree irritating to breathe; indeed, in several cases of asthma, spasmodic cough, and "hay catarrh," the patients have experienced great relief from the iodine vapor thus liberated. As a deodorizer its action is most marked; the smell of tobacco smoke is quickly and entirely destroyed by the combustion of these candles in the smoking room. The air of stuffy rooms and smelling closets may be rapidly purified by the same means. The odor of sulphuretted hydrogen and of ammoniacal air from a close stable have been very speedily and completely discharged by contact with the same vapor.

They are continuing experiments with regard to a similar treatment of oils for burning in lamps, whereby they hope to be able to furnish means of disinfecting on even a larger scale.

Asthma Crystals Without Asthma.

Dr. Pfuhl, of Hamburg, has reported in the *Deutsche Militärärztl. Zeitschr.*, the case of a private soldier, who was subject to violent attacks of chronic bronchial catarrh, for which he had to be brought to the hospital. In his sputum was found an enormous quantity of the crystals which Leyden has described, and which he believes to be the cause of bronchial asthma; but the man never showed a sign of asthmatic trouble. The constant association of these crystals with lixiviated, shrunken or granular red-blood corpuscles, which had undergone disintegration, has induced Pfuhl to think that the origin of the crystals depends upon the product of the destruction of the cell elements of the blood, and of these, probably upon the albuminate of the red blood corpuscles.

Schreiner has demonstrated that these crystals are phosphates of an organic base. He has also observed that sputum containing derivatives of its base has an intense odor, like fresh human semen. This odor was

present in Pfuhl's patient, and he thinks that this base can be found in different affections of the lungs, and that under some circumstances asthma crystals are found associated with it.

The above case cannot set aside the rule that Leyden's crystals are the characteristic sign of asthma; it is an exception which proves the rule. Pfuhl has during five years investigated the sputa of 855 patients with disease of the lungs at the garrison hospital, but only in this particular case under discussion were crystals demonstrated.—*Deutsche Medizinal-Zeitung*, Sept. 22, 1887.

Post-Rectal Dermoid Cyst.

Dr. von Biernacki describes in a thesis quoted in the *Centralblatt für Gynäkologie*, No. 39, 1887, a remarkable case which occurred in Professor Guesserow's wards. A post-rectal tumor was diagnosticated, and during labor its nature was made evident by tapping, whereby nearly a pint and a half of hair and greasy material escaped. Notwithstanding the consequent diminution in bulk of the growth, it still remained such an impediment to labor that perforation was necessary. Convalescence was retarded by suppuration of the cavity of the cyst. Notwithstanding free incisions, pus with a fæcal odor burrowed beyond the limits of the growth, under the right labium majus, the nates, and the vagina. After two months, the patient was discharged cured. Dr. von Biernacki has found records of four other cases of post-rectal dermoid cyst.—*Brit. Med. Journal*, October 1, 1887.

Note Upon the Local Use of Fluid Extract of Quebracho.

Mr. Bourdeaux writes to the *Archives Méd. Belges* that, according to his investigations which have been conducted within the last few years, quebracho is an energetic aid to cicatrization. Painted upon fresh wounds with a smooth edge, it produces transient stimulation and slight pain, just like collodion, and secures healing by first intention. It can also be used with good results in burns and frost bite, if the ulcerated spots have a good ruddy aspect. The fluid extract of quebracho hardens in an hour after being painted on, and forms a brown crust resembling dried blood, which clings firmly to the tissue and can only be removed by warm water. The secretions of the wound dry up, and if the crust falls off the wound has healed, so that here healing under a scab can be properly spoken of. One great advantage of this treatment consists in the fact that all bandages may be dispensed with.—*Deutsche Medizinal-Zeitung*, September 22, 1887.

The Antiseptic Value of Roasted Coffee.

Dr. L. Keim writes to the *Münch. med. Wochenschr.*, in recommendation of coffee as an antiseptic, declaring that it not only retards fermentation, but also disinfects by killing the fungi. This power is found not to exist in even a strong solution of caffein, but rather in an ethereal solution of the empyreumatic oil of the coffee, although the experimental proof of this has not yet been adduced. As we already have better antiseptics, infusion of coffee can only be employed when one needs to improvise an antiseptic for use as a prophylactic. For this purpose the powdered coffee is probably more active than the infusion, and the question arises whether the same action can be expected from the former as from the latter. Nevertheless, freshly ground roasted coffee applied to fresh wounds both prevents the development of spores within the wound and offers a useful antiseptic protective against impurities from without.—*Deutsche Medizinal-Zeitung*, September 22, 1887.

Very Rare Presentation in Midwifery.

W. H. Borham reports the following rare case, which he says he never saw before during forty years' experience:

Upon examination of the patient, he found the cord hanging external to the vulva in a loop about three inches long; there was a slight pulsation in it, and it was getting cold. Upon introducing his fingers, he found that the palm of the child's left hand was flat and pronated on the side of the child's occiput, between it and the mother's sacrum. In the interim of the pains, which were flagging, he at once introduced his hand into the vagina, pushed up the child's hand and head, then, by gradually insinuating his right hand into the uterus, grasped the left foot, turned the child, and in a few minutes delivered the mother of a female child. It had suspended respiration, but the heart was still pulsating. With the usual treatment of warm bath, etc., the child was restored, and both are now quite well.—*Lancet*, Oct. 15, 1887.

THE

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N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

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CORROSIVE SUBLIMATE AS AN ANTISEPTIC.

There is a valuable paper by DR. ERNEST LAPLACE, of New Orleans, in the columns of the *Deutsche med. Wochenschrift*, of October 6, 1887. In this paper Dr. Laplace describes the results of an admirable series of experiments made in Koch's laboratory, in Berlin, with corrosive sublimate as an antiseptic. The conclusion at which Dr. Laplace arrives is that the action of corrosive sublimate as an antiseptic is materially enhanced by combining it with tartaric acid. For this purpose he recommends the use of two solutions, one for washing wounds, and the other for impregnating surgical dressings. The first solution is composed of: corrosive sublimate, one part; tartaric acid, five parts; and distilled water, a thousand parts. The second solution is composed of: corrosive sublimate, five parts; tartaric acid, twenty parts; and distilled water, a thousand parts.

The evidence which Dr. Laplace presents to show that these solutions are effective as antiseptics is conclusive, and they have also the merit of cheapness. They do not destroy the fabric of which surgical dressings are made, and they can be used in conjunction with iodoform.

In the same paper, the author speaks briefly of the effect of adding hydrochloric acid to corrosive sublimate for disinfecting purposes. Our readers are, no doubt, aware that this combination is more efficient than either substance is alone. But it will be interesting to note that Dr. Laplace finds that a mixture containing one part in twenty thousand of corrosive sublimate, and one part in ten thousand of muriatic acid, will destroy the spores of anthrax in twenty-four hours. It would be interesting in this connection to know how much the addition of common salt to a sublimate solution would affect its antiseptic power. Perhaps some of our readers will follow this subject up.

THE VITALITY AND CAPABILITIES OF BLOOD-CELLS.

As the result of five years of patient study, A. P. FOKKER (see *Centralblatt f. d. med. Wischenschaften*, October 1, 1887) announces some remarkable discoveries in regard to the vitality of blood-corpuscles, which have a most important bearing upon a number of problems in medicine, and even in philosophy. Fokker took blood, under the strictest conditions of asepsis, from the carotid artery of rabbits, and brought it into sterilized vessels containing fluid culture mediums prepared with equal precautions. He found, as a rule, that no bacilli were developed, and that the blood continued *to live*, and gave rise to the production of a determinable amount of acid. He came to the conclusion, further, that animal protoplasm has the property—without the co-operation of bacteria—of causing decomposition, and that they retain this power for months in the presence of a proper nutritive material. The difference between or-

ganized and unorganized ferments consists in the fact that the latter have no power of multiplication. Portions of organs, which are not themselves decomposed, continue to live, and the decomposition to which they give rise is a manifestation of life.

Another part of Fokker's investigation dealt with hæmatocytes, certain living bodies which can be produced from blood by cultivation. When he studied blood—again with the strictest aseptic precautions—in the presence of nutritive material, containing sodium, calcium and sulphates, he found that hæmatocytes were developed in from two to three weeks at a temperature of 38°–40° (centigrade), and in a prepared complex medium, at a temperature of 50°–52°, so rapidly that their development could be seen on a warmed object glass. He regards hæmatocytes as living bodies; and he found that blood-cultures, which had been kept for a whole year, could be made to produce new crops of hæmatocytes in the presence of new nutritive material. Certain of his investigations led him also to the conclusion that bacteria could develop out of hæmatocytes.

The important bearing of these studies upon various vital processes, including those of the generation of bacteria, can hardly be estimated. It staggers the imagination to conceive the possibilities suggested by the thought that blood-cells may retain their life and their vital functions long after the death of the individual from whom they have been taken; and if it be true that they may actually produce bacteria, without previous infection, the science of bacteriology may have to be reconstructed.

CHEMISTRY *VS.* BACTERIOLOGY.

In the present state of bacteriology, it is interesting to find contributions to its proper appreciation which indicate that the part played by bacteria alone is not to be overrated. Many careful thinkers have believed, without being able to prove it, that much of the results sometimes attributed to bacteria ought rightly to be attributed to the chemical substances which they produce, or which accompany them. In the *Archiv für pathologische Anatomie*, October 3, 1887, Prof. P. GRAWITZ, of Greifswald, describes the results of a series of experiments with cadaverin, an alkaloid belonging to the group of ptomaines, which indicate that this substance is capable of exciting suppuration without the presence of the "specific" micrococci of pus. So far is it from requiring the assistance of these cocci, that it is actually capable of destroying them, when they are present. This destructive power is exerted even when the alkaloid is tested in a 2½ per cent. dilution.

But, while cadaverin seems to be able to destroy the peculiar coccus of pus, it favors the development of a large bacillus. Grawitz found, however, that this bacillus does not give rise to suppuration when injected into living animals.

The results of these investigations harmonize with those of others, which tend to show that it is not wise to attribute to bacteria every process with which they are associated. A very refined chemistry must be called to the assistance of bacteriology before we can hope to arrive at a correct understanding of the phenomena of disease. Our forefathers were of the belief that the chemical products of decomposition could cause surgical diseases, and their views are corroborated by such facts as Grawitz adduces, notwithstanding the fact, which seems to be well established, that these diseases are often propagated by specific bacteria.

A careful review of what has already been done in investigation of the part which chemical substances play in the production of morbid processes, indicates that such investigations present a fruitful as well as fascinating field for future study, and one which may well engage the attention of American students of pathology.

RESEARCHES ON MENSTRUATION IN SYRIA.

The *Centralblatt f. d. med. Wissenschaften*, October 1, 1887, cites an interesting paper of ROUVIER, from the *Annales de Gynecologie*, on the menstrual function in women

of various nationalities in Syria. These the author divides into fourteen groups, and finds that certain of them begin to menstruate at an earlier period than others. Temperature has no perceptible influence upon the period at which menstruation begins. Occupation, on the contrary, does influence it; for Rouvier finds that women who work do not begin to menstruate so soon as those who live at ease. The length of the menstrual period is greater in hot countries than in temperate or cold regions, and in both the menstrual period in working women is shorter than that in women of ease. As to the menopause, Rouvier finds that it usually occurs at the age of 45 years; and that the period of its occurrence is not affected by the age at which menstruation begins.

HYPODERMIC MEDICATION OF ANIMALS.

Many of our readers who live in the country, and probably some who live in the city, are interested in the treatment of domestic animals. To these it will be of value to learn that ELLENBERGER reports (see *Centralblatt f. d. med. Wissenschaften*, October 1, 1887) the results of a thorough study of the effect of the hypodermic administration of 31 remedies to horses, sheep, dogs and rabbits. He finds that pilocarpine and muscarine are very valuable cathartics, when administered hypodermically. For many cases he finds a combination of pilocarpine or muscarine, with physostigmine, desirable, because the former produces increased secretion from the intestinal glands and mucous membrane, while the latter produces increased peristalsis.

CHEERFULNESS.

One of the greatest opportunities of the medical man is that he often has it in his power to brighten the sick-room, and to allay the anxieties of a patient, and of those who love him, by a cheerful demeanor. This fact is not unknown to, or unappreciated by, most physicians; and it is not to discuss the value of a well directed cheerful disposition that we bring the subject before our readers. On the contrary, it is in order to say a word about a mistake which may be made by being too cheerful.

There are times when gravity is more in place than the best meant cheerfulness. Such times are when an illness assumes a serious aspect, of which it may be the right of the patient, or of some one of his attendants, to be informed. It sometimes happens that a man, or a woman, is very ill indeed; that the physician feels it to be important that no depression of spirits should be added to that of the body; and, yet, it is desirable that some responsible person should be informed of the danger which threatens. At such a time, it is not right to keep up assurances of safety, or even of much hopefulness, so as to deceive those who have the greatest interest in knowing the truth. This would be pushing cheerfulness too far, and might lead to a calamity. In such a case cheerfulness would be a fault—even though a generous fault; and those who suffered by it would hardly forgive the physician, no matter how good his intentions might have been.

THE CROWN PRINCE'S THROAT.

Recent despatches from Germany seem to confirm the opinions which were expressed in the REPORTER of June 4, in regard to the nature and probable issue of the growth in the throat of the Crown Prince of Germany. In spite of the hopeful bulletins which were telegraphed from Europe, the progress of the case has been such as to give great concern to those who have had clinical experience with malignant growths. And now, it is reported that the state of the Crown Prince's throat is so serious that a grave operation—probably extirpation of the larynx—has been decided upon, and Professor von Bergmann has been selected to perform it.

The present aspect of this case is not only very sad in its personal bearings, but also very serious in its bearings upon the welfare of the German Empire.

Book Reviews.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the Reporter.]

OPERATIVE SURGERY ON THE CADAVER. By JASPER JEWETT GARMANY, A.M., M.D., F.R.C.S., etc. 8vo, pp. ix, 150. New York: D. Appleton & Company, 1887. Price, $2.00. From P. Blakiston, Son & Company, Philadelphia.

This book contains a simple and clear statement of the way in which a large number of operations are to be performed upon the cadaver, and can be recommended to the use of teachers and students in this important part of a surgical education. We hardly agree with the sweeping statement that "to introduce rubber catheters (into the bladder) requires no manipulative skill;" although it does not require much in most cases.

We observe that the author, in speaking of the use of the hypodermic syringe, does not refer to injections into the substance of muscles; which are usually easier to make, and often more desirable than those under the skin. We would suggest also that an imitation of the operation of herniotomy might be introduced with advantage into such a book as this; and in the matter of suturing tendons, a description of the suture proposed by Kocher (Arch. f. klin. Chirurgie, Bd. xxxiv, 1886). Other points arise in our mind—as, no doubt, they have arisen in that of the author since he saw his book in print—but it would be hypercritical to mention them. The book is an excellent one, and calculated, we believe, to be very useful in the sphere for which it was intended.

UEBER DEN MECHANISMUS DER SCHÄDELBRÜCHE (ON THE MECHANISM OF FRACTURES OF THE SKULL). Inaugural Dissertation. By WILHELM GREIFFENHAGEN. 8vo, pp. 79 (paper), with 5 plates. Dorpat: Schnakenburg's Buchdruckerei, 1887.

This work is one of a kind not uncommon in Europe, in which a graduating thesis bears the marks, not only of the diligence of the student, but also of the wise guidance and assistance of the preceptor. In Europe, very many valuable studies of special subjects have been prepared in this way—the preceptor furnishing the suggestion of a subject and of the way to treat it advantageously, and the student doing all the rest of the work. In the present instance, we have an admirable presentation of what is known as the "bursting-theory" of indirect fractures of the skull—a theory which has been ably defended by Messerer, Greder and others in Germany, and by Von Wahl in Russia, and advocated at some length by one writer in this country. It seems to us so reasonable, that we wish the subject might receive more attention from English and American surgeons than it has yet had.

TREATISE ON HUMAN PHYSIOLOGY. For the use of Students and Practitioners of Medicine. By HENRY CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelpha, etc. 8vo, pp. xvi, 945. Philadelphia: Lea Brothers & Company, 1887. Price, cloth, $5.50; leather, $6.50.

Dr. Chapman is peculiarly well fitted for the preparation of a treatise on human physiology by his extensive acquaintance with the whole range of zoölogical science; and everywhere in his book the evidences of this acquaintance, and of its value in discussing the subject in hand, are apparent. The author's style is pleasant, so that this book is not only instructive, but also interesting. Our space does not admit of a critical review of his teachings; but they may be said to be generally abreast of the present knowledge of physiology. There appear to be some omissions—for example, we have searched in vain for any mention of the blood plaques of Bizzozero, or hæmatocytes, in the chapter on the blood; and we cannot find any discussion of the problems of intracranial pressure from the blood and cerebro-spinal fluid, or of the effects upon pulse and respiration of pathological or experimental alteration of this condition. We incline, also, to the opinion that more space is devoted to the study of electricity than is necessary in a work of this sort.

THE PRINCIPLES OF THEORETICAL CHEMISTRY, WITH SPECIAL REFERENCE TO THE CONSTITUTION OF CHEMICAL COMPOUNDS. By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Third edition, enlarged and thoroughly revised. 8vo, pp. xii, 318. Philadelphia: Lea Brothers & Company, 1887. Price, $2.00.

This work, by a recognized authority, has already met with so much favor at the hands of those best qualified to appreciate its merits, that there is little for us to do, in noting the appearance of this third edition, but to congratulate its author upon its success, and wish for a continuance of this success.

TO WHAT EXTENT CAN WE CLASSIFY VESICAL CALCULI FOR OPERATION? By A. VANDEVEER, M.D., of Albany, N. Y. 8vo, pp. 48 (paper). Reprinted from the Translations of the American Surgical Association, 1887.

This pamphlet contains the opinions of the author, founded upon an experience of forty-one operations for stone, the histories of which he gives. He does not answer the question in the title very satisfactorily; but seems to think litholapaxy the best operation for stone in general, and to have a favorable opinion of the suprapubic method of lithotomy.

—The Faculty of Medicine of Paris has escaped much public obloquy. Pranzini, a vulgar criminal, who murdered three women for the sake of robbery, was duly executed some time ago, his body being sent for dissection to the laboratory of the Faculty. Ugly rumors soon gained currency that a professor *agrégé* had caused Pranzini's skin to be tanned and made into card-cases. But an investigation has shown that some of the skin had been surreptitiously taken by a laboratory porter and given to a member of the police force, who really had the card-cases made and presented to two of his superiors. So it turns out that the Faculty was not guilty of impropriety. The three implicated police officials, Messrs. Taylor, Goron and Rossignol, find themselves in an awkward predicament, expecting to be dismissed. Some wits say that, living, Pranzini killed three women, and is going to cost three men their heads after losing his own.

Correspondence.

Ophthalmia Neonatorum.

Eds. Med. and Surg. Reporter,

Sirs:—In the treatment of ophthalmia neonatorum, every hour, day and night, the lids are gently opened, and the discharge washed out with tepid water, and removed with a soft, moistened rag; or a syringe may be used. Every six or eight hours a few drops of a solution of alum, grs. ij–iv, in an ounce of water, are to be dropped into the eyes after the washing. Occasionally, after a week's treatment or thereabouts, a case will remain stationary; and then a solution of nitrate of silver, grs. ij in an ounce of water, may be substituted for the alum drops with satisfactory results. The main point is the repeated washings to remove the discharge.

The above is an old-fashioned treatment, and during an experience of thirty-two years it has proved so satisfactory that the writer has never had any desire for a change.

Backwoods.

London, Ontario, Nov. 1st, 1887.

Eds. Med. and Surg. Reporter,

Sirs:—Under the head of "Notes and Queries," I would like to ask, as an old subscriber of the Med. and Surg. Reporter, your own views and those of any of your subscribers, as to the galvano-cautery treatment in hay-fever. I have myself had no experience in this method of treatment; but as I have one or two patients who suffer severely every fall from this troublesome disease, would be pleased to have the views of some of the more experienced in the medical profession, in regard to it. Would I be justified in recommending them to incur the expense of a trip to some of the Eastern cities, with a view to undergoing that treatment?

Please reply, and oblige one of your old subscribers.

J. R. Walker, M.D.

Regersville, Tenn., Oct. 27, 1887.

[We have serious doubts of the general applicability of cauterization in the treatment of hay-fever. But we think that the patient referred to above would do well to consult a skilful specialist in diseases of the nares, and ollow his advice.—Eds. Reporter.]

Notes and Comments.

The Proper Splint for Gunshot Fracture of the Lower Limbs in Connection with Transportation.

R. F. Tobin, F.R.C.S.I., in a paper on this subject in the *Lancet*, October 15, 1887, after stating that his remarks will apply to gunshot fractures of the hip and upper third of the thigh, says that an appliance, which will give rest to a fracture in the locality indicated, must fix not only the injured limb, but also its fellow, and the trunk as far as the thorax. Liston's and Bryant's splints are satisfactory when the patient is on his bed; but no splint, as far as known, on which the limb does not rest by its own weight, gives satisfactory support when for any purpose the patient has to be lifted. The foregoing conditions are fulfilled by the splints of Thomas, of Liverpool, and Fagan, of Belfast. The objection to using these on the field is due in the former splint to the difficulty in fitting it, and in the latter to its costliness. It is hoped that these obstacles, which are not insurmountable, will be overcome. In the meantime, the author purposes the following dressing, which he says can be rapidly applied, and forms the most available dressing for gunshot fracture of the lower limbs in connection with transportation.

Having treated and dressed the wound after the fashion in vogue for wounds in general, the canvas of a stretcher with removable poles is spread upon the ground, and is cut transversely into two about its centre. The following materials are also made ready: (1) Two pairs of trousers, viz., that of the wounded man and any other obtainable of about the same size; (2) a few strips of blanketing, or a few large towels or other material, of a size to go as a binder round the waist and hips in three or four layers; (3) one stone and a half of plaster-of-paris; (4) three gallons of water; (5) a bucket or other receptacle in which to mix the plaster and water; (6) three yards of calico torn into three many-tailed bandages; and (7) a roll of cotton wadding. The plaster is mixed with about an equal quantity by measure of water, and into the creamy fluid so formed, the two pairs of trousers and the material that is to go round the waist and hips as a binder, are immersed. When these have been thoroughly imbued with the fluid, the trousers are spread out one over the other on the canvas of the stretcher, the forks of the combined trousers being made to lie a few inches away from and above the

division in the canvas, and a many-tailed bandage placed, ready to be tied, under each leg. The material which is to form the abdominal binder is spread, with a many-tailed bandage underlying it, transversely under the waist of the trousers; and over all a thick layer of wadding is layed. On to the splint thus formed the patient is lowered in such a position that the margin of the fork of the trousers corresponds to a point two inches and a half above the arms, and that his legs, being immediately over each leg of the trousers, are about six inches apart at the knees. The fractured limb is held in good position by the surgeon, while two assistants, by tying together the tails of the bandage, bring the splint into close apposition with the posterior surface of the patient's legs, buttocks, and loins, and make the binder encircle the hips and abdomen. As soon as the plaster has set, the poles are passed through the folds in the canvas and the patient is removed. The whole dressing, not including the treatment of the wound and the setting of the plaster, can be applied in less than a quarter of an hour by a surgeon and two skilled orderlies. During the subsequent treatment of the case the canvas of the stretcher is never removed from underneath the patient. When an action of his bowels is about to occur, the poles are put in position, the halves of the canvas are separated, the patient is raised, and the bed-pan passed underneath him. He is lifted in a similar way when his wound requires to be dressed. The situation of this may require that windows be made in the splint and canvas; and in cases where it is apparent that this will have to be done, hoop-iron, if obtainable, should be placed between the trousers, when first put in position, so as to strengthen the splint under the injured limb.

Jhambul in Diabetes.

In the *Maryland Medical Journal*, October, 29, 1887, Dr. W. H. Morse gives an account of jhambul, from which the following abstract is taken: The drug is obtained from the bark, but especially the seeds, of a small evergreen shrub, whose habitat is the humid regions of India. It is administered in the form of a powder, the dose of which is five grains three times a day.

According to Dr. Morse, the action of the drug, in the dose mentioned, is threefold. (1.) The excretion of urine is lessened in quantity. (2.) The specific gravity is lowered at once. (3.) The formation of sugar in the urine is arrested by a prevention of the conversion of starch. Among other minor actions may be enumerated a checking and control of the boulimia and abnormal thirst, an improvement in nutrition, and a permissible removal of the restrictions of diet. During treatment the patients are excitable, but sleep well, and gain strength rapidly.

In a word, uniformly successful results are obtained speedily and without compensation. Exceptions are noted in fat subjects, and where phthisis complicates. Although these classes of cases are decidedly ameliorated, it cannot be said that any have been cured. In all other classes a cure is the rule, the arrest of the changes in the nervous system which accompany or cause the disease being an early accomplished fact. Health is regained even when the disease is of long duration, and when the patient is in an apparently hopeless condition.

In enteritis, acute gastritis, and peritonitis, the results attending the use of jhambul are very gratifying, and the author only regrets that a limited experience prohibits the giving of a line of testimony of particular interest. To increase the action of the heart the indications from the use of jhambul are promising.

As the author begins his consideration of the therapeutics of jhambul by saying: "It is as yet too early to enter far on the therapeutical actions of jhambul," his positive statements as to its curative powers in diabetes seem unwarranted. It is not clear either, from the paper, by what process the author arrived at the conclusion that "the formation of sugar in the urine is arrested by a prevention of the conversion of starch."

The Lime Treatment of Cancer.

Dr. P. Hood, in a letter to the *Lancet*, October 1, 1887, refers to a former communication by him in which he recommended the carbonate of lime obtained from oyster shells as a cure for cancer. He says that the pharmacopœia preparation may be used in doses of six grains in a wineglassful of milk or other fluid, such as tea, two or three times a day. He also recommends the following ointment as a local application:

℞ Cretæ preparatæ.....℥iii
Ol. amygdal .....f℥ii

Mix the lime intimately with the oil and add two ounces of lanoline. Apply twice a day.

Should the smell be unpleasant, three or four drops of oil of bergamot or geranium will correct it.

Transient Œdema of Half the Lip.

Dr. Alfred W. Hughes reports the following interesting case to the *Brit. Med. Journ.*, September 24, 1887: A case to which I have given the above designation came under my notice a few days ago, when I was called to see a patient whose lower lip had become enormously swollen during the night, the swelling being confined to one side, extending only to the middle line of the lip, where the line of demarcation between the swollen and healthy tissues was very definite. The patient told me that some years ago a similar swelling occurred, which also appeared during the night, and, like the present one, disappeared gradually during the early part of the following day, having caused no inconvenience beyond a slight difficulty in articulation and mastication, which was not due to any pain, but simply to the large size of the lip. I may mention that a lymphatic gland, which I considered abnormally large, could be felt on the same side of the face, on the surface of the jaw near the anterior margin of the masseter muscle, but this the patient informed me was always of the same size.

I recommended no treatment, for, as I anticipated, the swelling disappeared in the course of a few hours, but I was naturally expected to explain the condition. At first, upon noticing what I considered an enlarged gland in the course of the lymph stream from the part, I thought the swelling was due to lymphangiectasis, from some blocking of the lymph vessels, or some interference with the flow of lymph through the gland; but were it of this nature, it would have been preceded by an inflammatory condition of the lymphatics or lymphangitis, with the ordinary symptoms of inflammation—namely, heat, redness and pain, and a dilated condition of the lymphatic vessels—would have been apparent beneath the skin and mucous membrane of the lip, which symptoms and appearances were here entirely absent. I therefore consider the following a more feasible explanation, that during sleep the facial vein was compressed at the point where it crosses the lower jaw, thus stopping the flow of blood through it. This compression would not interfere greatly with the venous circulation in the upper part of the face, due to the communication which exists between the facial vein and the pterygoid plexus of veins beneath the masseter, which veins open into the internal maxillary vein, a radicle of the external jugular. But the flow of blood out of the veins of the lower lip would be greatly impeded, as these veins open into the facial below the communication above mentioned, which communication is therefore unable to relieve the inferior labial veins which are now engorged.

This engorgement would lead to extravasation of lymph and swelling, unaccompanied by any inflammatory symptoms; and this swelling is transitory, because, when the compression is removed, the circulation returns to its normal condition, and the extravasated lymph is reabsorbed.

Localized Sweating.

The *British Med. Jour.* of September 24, 1887, contains a letter from R. G. Wilde, who says: With reference to the cases of localized facial sweating, recorded in the *Journals* of July 9th and August 20th, the following may be of interest: M. H., a gentleman, when aged 22, suffered from suppuration of the parotid, following typhus fever. The abscess was opened in three places, small scars now remaining—one just below the zygoma, one below the angle of the jaw, and the third in the anterior wall of the external auditory meatus. Profuse sweating now occurs on a patch about an inch in diameter, in the middle of the left cheek, invariably during mastication, or when any acid substance is taken into the mouth; never at any other time. There is not, and according to the patient's account never has been, any loss of power or sensation on that part of the face. This has now lasted for upwards of twenty years, coming on soon after the abscess had healed.

A second letter from W. J. Penny, F.R.C.S., says: During the last two months I have had two cases of localized sweating of the groin under my care, which may possibly throw some light on the cause of the cases of localized facial sweating published in recent numbers of the *Journal.*

In one of these cases the sweating appeared round the scar of a bubo. The bubo healed four or five years ago. After that the sweating came on, and has continued to the present time. It was very profuse and strictly localized, the other groin remaining dry. The patient consulted me on account of the discomfort he experienced from the perpetual damp condition of the part.

The second patient was recovering from a recent attack of gonorrhœa when he called my attention to a profuse sweating limited to his left groin. No signs of inflammatory swelling were apparent; but, on careful examination, the cord on that side was found slightly tender. The sweating in this case struck me

as possibly being a manifestation of a pre-inflammatory stage, and accordingly I treated him very carefully.

The first case had existed for some years, and was probably due to the altered condition of the parts—possibly to some change in the vaso-motor nerves of that region.

Pernicious Anemia and Bothriocephalus Latus.

In 1886, Prof. Runeberg suggested that pernicious anemia is sometimes due to the presence in the intestines of the tape-worm known by the name of bothriocephalus latus. Recently, Dr. Schapiro has recorded in the Russian journal *Vratch*, the history of a case which supports this view. The patient was a boy, 13 years old, with marked anemia, diminution of the proportion of red blood-corpuscles, tendency to hemorrhage, etc. After the administration of anthelmintics and the evacuation of a large quantity of segments of the bothriocephalus, he recovered.

Cases of Spontaneous Rupture of the Aorta and Heart.

In the *Lancet*, October 1, 1887, Mr. W. Goode Adams gives an account of a young woman, twenty-three years old, of healthy parentage and family history, who had been brought home on May 6, with the history that she had had cardiac pain, and had become faint. She was kept in bed for the next two days, and on the third was allowed to go out with her sister. After walking about twenty minutes, she was seized with violent pain over the region of the heart, and immediately became faint. She was at once taken home, but continued faint and semi-conscious until next morning, when she died. No physical signs of heart disease were detected during life. At the autopsy, the pericardium was distended with serum, and the heart invested by blood clot. A small opening, just sufficient to admit a probe, was found in the posterior wall of the aorta at its junction with the left ventricle, and almost touching the point of attachment of the semi-lunar valves. There was also a transverse rupture of the inner coat of the aorta, extending nearly entirely around the aorta, and a little higher up than the point of rupture of the external coat. No areas of fatty degeneration were found. The kidneys were full of cysts. This case is supposed by Mr. Adams to be a remote sequel of typhoid fever, from which the patient had suffered eleven months before, but he thinks the immediate sequel was the kidney disease. The rupture of the walls of the aorta probably occurred on two separate occasions, at an interval of four days, during which interval a dissecting aneurism began to form.

Mr. Adams also reports the case of a patient fifty-nine years old, who had suffered for some months with occasional but slight pain in the cardiac region, the pain radiating into the arms. On the morning of his death, while in the water-closet, he was heard to vomit, and on coming out said that he felt faint and would go up and lie down on his bed. An hour afterwards he was found there dead.

At the autopsy, a very small valvular opening was found in the anterior wall of the left ventricle, running upwards and inwards. The opening would only admit a small probe. The heart muscle was in a state of fatty degeneration, while the aortic valves were atheromatous, and so, likewise, were the coronary arteries.

These two cases are interesting, particularly the first one, on account of the supposed mechanism of the rupture and its remote cause. Neither of them, however, compare with the extraordinary case communicated to the REPORTER (Oct. 8, 1887, page 479) by Dr. John C. Holmes.

Imaginary Ulcers of the Tongue.

At a meeting of the French Academy of Medicine, on September 27, 1887, M. Verneuil spoke of imaginary ulcers of the tongue which, he said, were characterized by pain and by the taking of the natural condition of the part for an ulcer. The persons affected are, in Verneuil's experience, men from thirty-five to fifty years of age and of the best bodily condition, though giving evidence of gout. Tobacco did not seem to have a serious influence. The course of the disease is irregular, and the pain of variable intensity, but the disease is chronic and rebellious to treatment. One of the five patients, whom the author has seen, died, three years after the first visit, of general paralysis; the others recovered. The prognosis is doubtful, because of the persistency of the pain. Verneuil recommends alkalies, arsenic, the bromides and local anodynes. He would also like to suggest the use of parenchymatous injections of morphine into the tongue, and the application of the cautery to the painful points.

M. Fournier expressed the opinion that the disease is not as rare as M. Verneuil seems to think, and regarded tobacco as one of the causes.—*Progrès Médical.*

Alarming Syncope from Syringing the Ear.

In the *Lancet*, October 15, 1887, Mr. J. Middlemass Hunt, M.B., Surgeon to the Throat and Ear department of the Newsham Dispensary, Liverpool, reports that he was called to see a boy with suppurative disease of the right middle ear, who had suddenly fainted after his ear had been syringed out by his mother. It should be stated that previous to the syncope the child had been running about apparently well. He found the boy in profound coma, with slow, irregular respiration, rapid pulse, lividity of the lips, cold extremities, and dilated pupils. He considered the boy to be at the point of death, but ordered mustard to be applied to the nape of the neck and the lips moistened with brandy and water. In a few minutes after the mustard was applied the child became conscious and to all appearances as well as usual, except that he was somewhat pale and languid. There were no signs of caries in the ear, and the urine was free from albumin. The child has since remained well.

Roosa has reported a similar case, which occurred in a man forty-five years of age, but gives no explanation of the cause of the coma. Hunt is disposed to think that it is a nervous reflex starting from the termination of the auditory nerve in the semicirular canals and labyrinth, or from the tympanic plexus. Lockhart Clarke has demonstrated a connection between the roots of the fifth cerebral, the glosso-pharyngeal and the vagus.

A New Method of Treating the Vomiting of Pregnancy.

In the *Lancet*, October 15, 1887, Dr. William Duncan, F.R.C.S., assistant Obstetric Physician to the Middlesex Hospital, reports three striking cases of the vomiting of pregnancy, in which he obtained complete and rapid relief by the local application of cocaine to the vagina and neck of the uterus. The first patient was a woman of nineteen years, who had persistent vomiting for a month. She was two months pregnant with her first child. The uterus was markedly anteflexed and tender on pressure. The roof of the vagina and the cervix were painted freely with a 15 per cent. solution of cocaine, and a plug of cotton-wool soaked in this solution was carefully inserted to a depth of three-quarters of an inch into the cervical canal. The patient returned in a week reporting that she had not vomited once in the interval.

The second case occurred in a woman twenty-six years old, three months pregnant with her second child. The uterus was normal in position, but tender on pressure. The same treatment was followed by a precisely similar result.

In the third case, a woman twenty-three years old, pregnant two months and a half, had been vomiting for six weeks. The uterus was somewhat anteflexed. The same treatment was used, except that the cocaine was not applied to the cervical canal. In a week the patient returned saying that she had not vomited for the first four days, but since that time it had recurred. The vagina, and this time the cervical canal also, was again painted, and vomiting had not recurred when the patient again reported in a week.

In conclusion, the author speaks guardedly of the ultimate value which may be put upon this method of treatment, and calls attention to the danger of exciting abortion from a careless application to the cervical canal.

How to Keep Ice From Melting.

It is often a most important matter to be able to preserve ice from melting quickly in the sick-room. Various devices have been suggested for this purpose; but the most efficient seems to be one proposed by Dr. Julius Stumphf, in the *Allg. Med. Central-Zeitung*, Sept. 14, 1887. Dr. Stumpf recommends the use of chaff—barley-chaff. He says that a piece of ice placed in a bag, and then in a box or basket containing enough barley-chaff to surround it with a layer five or six inches thick, will not lose 25 per cent. of its weight in five or six days, in a room, the temperature of which is between 70° and 80°. This suggests an excellent way to preserve various articles of food and drink, as well as ice itself.

Elixir of Cascara Sagrada.

A committee appointed by the British Pharmaceutical Conference, held in 1886, to prepare a formulary of unofficial remedies, reported the following formula for cascara sagrada:

℞ Tincture of fresh orange peel...2 fl. ozs.
Rectified spirit.....1 fl. oz.
Cinnamon water.....3 fl. ozs.
Syrup.....6 fl. ozs.
Fluid extract of cascara sagrada...8 fl. ozs.
Mix.

Dose: 15 minims to 2 fluid drachms.

—*Druggists' Circular.*

News and Miscellany.

Coffee and Tea.

"The berry of Mocha" is declining in public favor, according to the latest returns of the Commissioners of Customs. To many persons this will not in the least be a matter of surprise, for it will in all probability only confirm that which they had noticed to be the case during the last few years. Coffee unquestionably has its drawbacks as a beverage. To glean from it its full flavor, the berries must be freshly ground, and, generally, care exercised in preparing it, otherwise anything drinkable is better than coffee. Those tourists who have paid a visit to Norway will doubtless have a lively recollection of the superlative character of the flavor of the coffee which is provided in the Norwegian hotels, and the explanation of this fact is readily forthcoming to any one taking the trouble to inquire. The berries are taken in their green state and freshly roasted, and there is generally only one person in the establishment who understands the process; the goodness of the infusion altogether depends upon the degree of roasting, a fact which the Norwegians thoroughly admit. Perhaps coffee is most out of place when it is drunk after a full meal. Nothing can be conceived more harmful for digestion than coffee, as handed round at dinner parties. The mixture of wines on these occasions is far from a consummation devoutly to be wished, but mixed wines diluted with a concoction of coffee is too appalling for anything. Let any interested person make the experiment, not upon himself, but in a glass receptacle, and then let him view the mixture, and ask himself whether it looks inviting enough to imbibe. Much of the discomfort which is felt in the morning after "dinners" may be attributed to the postprandial cup of coffee which has been indulged in, and which should have been avoided. This is a little matter, which, we may rely upon it, the stomach has found out, and which it accordingly resents. However, in its place, in the long run coffee is less harmful than tea. The flatulent dyspepsia, which from the depression of spirits that is caused, has probably not a little to do with the cases of women who largely follow the practice of "pouring spirits down in order to bring the spirits up," is one of the most common results of indiscriminate tea-drinking. There is, it must be confessed, a sequence of events in these instances. First, the tea-imbibing to excess; secondly, the flatulent dyspepsia with depression of spirits; thirdly, the resort to alcohol to correct the depression, with consequences which exhibit a remarkable variety. The principle of cause and effect is, of course, in these cases lost sight of. Probably many a woman, at first against her will, is led on by this means to become a confirmed tippler, not because the human predilection for alcohol induces her to give way, but because she is over burdened with something of which all mankind has the intensest hatred, "the blues," and for this she finds gin and whisky unfailing remedies. But the poor are partial to tea, and one of their reasons is, that it enables them to get along with less nourishment, and by this means helps them to economise in their food. We do not dispute the reasoning; it may be possible that theine diminishes tissue waste; we should, however, be much more inclined to believe that the inimical effect of tea-drinking upon the gastric mucous membrane banished the appetite, and rendered eating almost impossible, not from choice, but from compulsion. "The Prince of Tea-drinkers was Dr. Johnson, one of the most sedentary of men, and the most unhealthy." But it is scarcely to be believed that all his tea-drinking could have done him any good; on the contrary, a martyr, so to speak, to struma as he was, he probably aggravated his constitutional malady by the habit.—*The Med. Press and Circular*, Sept. 14, 1887.

Leprosy.

Dr. Besnier stated in the course of a paper on leprosy, which he read at a recent meeting of the French Academy of Medicine, that there are always a few cases of leprosy under treatment at the Hospital of St. Louis, in France, and that the number tends to increase with the spread of the French colonial empire. Leprosy is now known to be a microbian disease. The bacillus is scarcely distinguishable in appearance from the bacillus of tuberculosis. It was at one time believed that particular climatic conditions and particular articles of food—notably certain species of fish—were capable of producing the disease; but this theory is now abandoned. Leprosy, Dr. Besnier affirms, is propagated by contagion, and by contagion alone. The bacillus is not found in the soil or in the water of the regions where the malady prevails. It is, therefore, by its direct passage from one human organism to another that the disease which it causes is communicated and spread.

Killing a Monstrosity.

A Calcutta despatch to the London *Times* says: An extraordinary appeal case has lately been heard in Madras which shows the character of existing superstitions. It seems that one of the accused in the original case gave birth in December last to a male child having four eyes, the face of a monkey, and crooked arms and legs, while it grunted like a pig immediately on its birth. The midwife placed the child under a trough and sat upon it, both she and the mother raising cries of alarm. The male prisoners then came and took the child into a field and killed it by striking it on the head with a club. Their explanation was that the child was an evil spirit, which they were justified by the custom of the country in killing in order to prevent it from doing evil. The judge acquitted them on the ground of a mistake of fact. This decision was necessarily upset on appeal. The accused believed that unless the child had been killed it would have grown to an immense size and devastated the country, and that they were therefore committing a meritorious action in obviating so grave a public calamity.

Preserving Oysters in the Shell.

Mr. M. A. Freeman, of Philadelphia, has recently patented a method of preserving oysters in the shell, which promises to revolutionize the business of shipping them, and to make it possible for oysters to be obtained in the best condition at the greatest distance from the sea. According to the *Public Ledger*, October 28, the invention consists simply in so fastening the two shells of a living oyster together that they cannot open. The inventor claims that death and subsequent decomposition of an oyster are due to the introduction of air, that in the normal condition the shell is completely filled with the body of the oyster and his liquor, and that the two shells close together so perfectly that if they are not allowed to open not a drop of liquor can leak out nor a bubble of atmospheric air leak in.

The plan is wholly original, but the inventor states that it has been thoroughly tested. In 1884 he shipped oysters to Denver, Colorado, fastened together with Yankee clothes-pins, and they carried safely. After some experiment he adopted iron wire, and has some remarkable records of the results. On the 17th of November, 1886, a barrel of clamped oysters was shipped to a Liverpool firm. The last of the oysters were sampled on the 7th of February, and were in salable condition. Another barrel made a round trip over the Atlantic on the steamship Lord Gough, occupying thirty-seven days, and were eaten by gentlemen interested, at the end of the voyage, and were pronounced excellent. Others have been shipped to San Francisco and the extreme Northwest.

Activity of Surgeons.

The recent death of the famous surgeon, Professor Langenbeck, has called attention to the fact that great surgeons not only as a rule are blessed with long life, but are very unwilling to retire from their profession till compelled by old age, although to the lay mind surgery does not appear a specially enjoyable employment. Dr. Spencer Wells relates that when Dr. Astley Cooper became too infirm to practice on human patients any longer, he continued to treat cows, horses and dogs; and one day, when a visitor called on him, Cooper asked: "Do you know what is my favorite employment at present?" "Well?" "To go about my garden and select the tree best adapted for hanging myself." One obvious reason why surgeons live so long is that they know how to take care of their health. Thus Dr. Billroth, of Vienna, during a recent sojourn in the country, never neglected his daily heart and lung gymnastics.

A Serious Mistake.

A very serious mistake occurred in a Vienna pharmacy recently, attended with extraordinary circumstances. Two girls entered at the same time and were waited upon simultaneously by two different assistants. They both brought bottles of about the same size, in which one wanted oil of vitriol (dil.), and the other "Kindermeth" (presumably syrup of rhubarb comp.) The assistants were confused by the similarity in the appearance of the girls, and gave the acid to the one wanting the "baby syrup." Despite the fact that the latter is a familiar preparation, and of a brown color, the acid was administered to the child with nearly fatal result. The pharmacist was fined for carelessness, an extraordinary pressure of duties being his only excuse. Nothing is said concerning the labeling of the bottles. Was this entirely omitted? The acid should at least have been labeled "poison," if sold at all without a prescription, and careful inquiry made as to its use. We had not expected such loose construction of the duties of pharmacists in the Austrian capital.—*West. Druggist*, October, 1887.

Medical Aphorisms.

A correspondent of the *Canada Lancet*, signing himself "Artz," says that he came across the following professional aphorisms of Amédée Latour, which are sufficiently curious and shrewd to merit reproduction:

1. Life is short, patients fastidious and the brethren deceptive. 2. Practice is a field of which tact is the manure. 3. Patients are comparable to flannel, neither can be quilted without danger. 4. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted. 5. Would you rid yourself of a tiresome patient, present your bill. 6. The patient who pays his attendant is but exacting, he who does not is a despot. 7. The physician who depends on the gratitude of his patient for his fee, is like the traveler who waited on the bank of a river until it finished flowing so that he might cross to the other side. 8. Modesty, simplicity, truthfulness! cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*. 9. To keep within the limits of a dignified assurance without falling into the ridiculous vauntings of the boaster, constitutes the supreme talent of the physician. 10. Remember always to appear to be doing something—above all when you are doing nothing. 11. With equal and even inferior talent the cleanly and genteely dressed physician has a great advantage over the dirty or untidy one.

Another Medical College.

Application was made to the Court of Common Pleas of Philadelphia, November 1, 1887, for a charter for the Burton Medical College Association, whose purpose is "to establish a college to be known as the Burton Medical College, and subsequently, in connection therewith, a hospital for clinical advantages."

New York Eye and Ear Infirmary.

The Directors of the New York Eye and Ear Infirmary are about to resume the work of raising funds for a new building. Subscriptions to the amount of $60,000 are now on the book. As soon as $100,000 is secured they will proceed with the erection of the east wing. The present building will remain in use exclusively for hospital purposes until it can be replaced by something better. The infirmary is the oldest institution of the kind in the country.

Quarantine Commissioners Stirred Up.

The quarantine commissioner of New York are much exercised over the report of a committee of the College of Physicians, of Philadelphia, which visited the quarantine station at New York, and found it entirely inadequate to the necessities of so large a port. Commissioner Judd in reply says: "We don't want any advice from Philadelphia, nor do we want any more opinions from medical men there or anywhere. In my opinion, the community have more to fear from doctors than from the cholera."

A Large Piece of Ambergris.

Charles Reade, in one of his novels, gives a graphic account of a lucky catch of a quantity of ambergris in the body of a sperm-whale, which was found floating on the ocean "as high as a frigate," dead of disease. David Dodd, the narrator of the story, states how, as his vessel approached the sperm-whale, the stench of the carcass became so intolerable that the skipper gave the crew leave to go below and close the lee ports, only remaining on deck himself with Dodd. They stuffed their noses and ears with cotton steeped in aromatic vinegar, and their mouths with pig-tail; they lighted short pipes, and broached the vessel upon the putrescent monster, and grappled to it. Then the skipper jumped on it, a basket slung to his back, and a rope fast under his shoulders, and drove his whale-spade in behind the whale's side-fin, digging a hole four feet deep. After a long search he gave a shout of triumph, and picked out some stuff that looked like Gloucester cheese, and when he had nearly filled his basket, returned on deck. Soon a heavenly perfume arose from the cheese-like stuff, struggling for mastery with the stench from the carcass. The stuff was ambergris—eight pounds of it—which the captain sold to a wholesale chemist at a guinea ar ounce, clearing 128*l.* by the transaction.—*Chemist and Druggist.*

The Sale of Intoxicating Liquors by Druggists.

The *Western Druggist* says: The sale of intoxicating liquors by druggists in Michigan will be kept within strictly legitimate bounds if the law recently enacted on the subject is enforced with any degree of energy. As will appear from extracts published elsewhere, the minimum license for vending liquors is $500 per annum, but this provision does not apply to druggists selling liquors for

"chemical, scientific, medicinal, mechanical, or sacramental" purposes, provided they make a detailed record of all such sales, and file a bond in the sum of $2000, by which the signer agrees not to sell to a minor (except upon the written order of parent or guardian), nor to a person "in the habit of getting intoxicated," nor to any "Indian, or person of Indian descent," nor to any person when forbidden in writing to do so "by the husband, wife, parent, child, guardian or employer of such person," nor to sell any such liquor "to be drunk on the premises, nor to be mixed" with soda-water; that he will sell liquors only for the purposes before named, and then hold himself liable for all "damages, actual or exemplary," which result from such sales. For the first violation of any provision of the act, the minimum penalty is $100 or ninety days' imprisonment, or both, in the discretion of the court; for the second offence, an additional penalty of forfeiture of all privileges under the law, for a period of five years.

Quackery on a Grand Scale.

The English journals contain an account of a most audacious quack who has recently had full swing in Paris. Some months ago the quack in question opened a splendid suite of rooms in a building on one of the Boulevards. He had footmen in plush and pages in livery, and advertised largely, announcing that he had an infallible cure for hoarseness and diseases in the throat by inhalation. He called himself Dr. Pitchitchine,—a name which had been culled promiscuously from an ordinary atlas, and at once began successfully an extensive scheme of deception. By and by a young actress, who had just accepted a six months' engagement, was allured by his representations to visit him to obtain relief from some laryngeal difficulty. The folding doors on her arrival were thrown open by a gorgeous attendant, and the great quack appeared before her gaze dressed in oriental garb. The head of the actress was enveloped by the quack in a cloud of cashmere, and she was told to inhale the contents of a tube. She did so, and instantly fainted away. The quack became alarmed, and at once sent for the nearest medical practitioner, who quickly revived the patient. The actress found herself subsequently hardly able to speak, and her voice so injured as to compel her to cancel her engagement, and the quack has been proceeded against for damages to indemnify the actress for the loss of her engagement, while he is also to be prosecuted for illegal practice of medicine. The inhalation consisted of a mixture containing a large quantity of chloroform.

An English Opinion of American Dentistry.

America, that is to say the States, is the home of scientific dentistry. In no other country probably does one see so much gold utilized for stopping what might otherwise have been aching cavities as in the home of the sweet potato. Useful it undoubtedly is, but it is occasionally a positive disfigurement. Many Americans—especially among the female portion of the population—cannot laugh without the observer being startled by the metallic masses which excite at once his surprise and his cupidity. We have not heard so far of any murders directly attributable to the temptation to which the unwary traveler is thus exposed, but this absence of crime can only be attributed to the wonderful control that some people have over their itching palm. It is true that to pilfer a gold-laden tooth is a task requiring considerably greater dexterity than that of rifling a pocket, and the immunity of these brazen-teethed persons from robbery with violence is possibly due to this fact.—*Med. Press and Circular*, Oct. 12, 1887.

Antiseptic Duels.

A triumph of antiseptic surgery, which was probably unforeseen by Sir Joseph Lister, is recorded by the French papers. As is well known, the *duello* still flourishes among our neighbors with a vigor that would have delighted Captain Bobadil. As a rule, honor is very easily satisfied in these encounters, and all the scientific thrusts and lunges end usually in wounds which are well within the range of minor surgery. It appears, however, that in a recent affair of honor the principals, who "meant business," ran each other completely through the body. Great, therefore, was the amazement of their friends to see both the heroes of the fray walking about a few days afterwards as if nothing had happened. This fortunate result is attributed to the fact that the surgeon who was in attendance on the ground had taken the precaution to dip the swords in a strong solution of carbolic acid before they were used. This humane idea might possibly be still further improved upon, and the combatants might be compelled to fight in suits of antiseptic gauze and protective, and under a cloud of carbolic spray. The sterilisation of pistol bullets may follow, and impetuous politicians on the other side of the Channel will then be able

to indulge in their favorite recreation with even less risk than at present.—*Brit. Med. Journ.*, October 17, 1887.

Not a Medical Editor.

A sullen-looking man with a horsewhip entered a Nebraska newspaper office and asked the boy where the editor was. The boy "sized him up" and answered:

"Gone to Ohio; won't be back for six months."

"Where's the foreman?"

"He's gone to Washington with an invitation to the President. Won't be back 'fore cold weather. What do you want—want to paralyze 'em?"

"No, no; I owe them $4 and thought I'd pay up."

"That so? hold on a second; perhaps the editor hasn't started yet."

He whistled; a long, dark form crawled out of a wood-box, and the editor was ready for business.—*Nebraska State Journal.*

Items.

—Dr. John M. Carnochan, a well-known surgeon in New York, died suddenly of apoplexy, October 29th. He was born in 1817.

—Dr. James Knight, Surgeon-in-Chief of the Hospital for the Relief of the Ruptured and Crippled, in New York, died October 24. He was born in Maryland, in 1810.

—The people of Musquodoboit Harbor and Jessore, in Nova Scotia, are terrorized by highway robbers and burglars. A few nights ago Dr. Stoddart, a well-known physician, had his wagon stopped by a highwayman, but escaped by applying the whip to his horse. The robber fired after him, but missed his aim.

—On Monday, October 24, Dr. Baker, of Bay City, Mich., was sent for by one Joel Dietz, a travelling agent, who had developed symptoms of insanity. When the doctor arrived Dietz shot him twice with a revolver, and then shot himself through the heart. Fortunately the doctor was not seriously injured.

OBITUARY.

DR. MOSES GUNN.

Dr. Moses Gunn, of Chicago, the eminent surgeon, died November 4th, at his residence in that city.

Dr. Gunn was born in East Bloomfield, N. Y., in 1822. He graduated at Geneva Medical College in 1846, and settled at Ann Arbor, Mich., and commenced practice. At the same time he instituted a course of anatomical lectures, the first systematic enterprise of that kind in Michigan. Upon the organization of the Medical Department of the State University, he was appointed to the Chair of Anatomy and Surgery, and occupied it for nearly eighteen years. He served in General McClellan's army during the war. In 1867 he succeeded Dr. Daniel Brainerd in the Chair of Surgery in Rush Medical College, Chicago.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Oct. 30, 1887, to Nov. 5, 1887:

Capt. Chas. B. Byrne, Assistant Surgeon, ordered for temporary duty at Ft. McHenry, Md. S. O. 231, Div. Atlantic, Oct. 28, 1887.

Capt. Curtis E. Munn, Assistant Surgeon, relieved from duty at Fort Canby, Wash. Ter., and ordered for duty as Post Surgeon at Fort Klamath, Oregon. S. O. 251, A. G. O., Oct. 28, 1887,

Capt. G. W. Adair, Assistant Surgeon, the leave of absence for seven days granted on the 27th inst. by the Commanding Officer, Fort Brady, Mich., is extended twenty-three days. S. O. 231, Div. Atlantic, Oct. 28, 1887.

List of Changes in the Medical Corps of the U. S. Navy, during the week ending Nov. 5, 1887:

Surgeon P. Fitzsimmons, ordered to the U. S. steamer "Marion."

Assistant Surgeon L. W. Atlee, ordered to the U. S. steamer "Marion."

Medical Inspector N. L. Bates, ordered to the U. S. steamer "Trenton."

Passed Assistant Surgeon Henry G. Beyer, ordered to the U. S. steamer "Trenton."

Assistant Surgeon Stephen S. White, ordered to the U. S. steamer "Trenton."

Passed Assistant Surgeon P. M. Rixey, detached from the U. S. steamer "Trenton" and await orders.

Passed Assistant Surgeon Richard Ashbridge, ordered to the U. S. Receiving Ship "St. Louis."

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Nov. 5, 1887:

C. S. D. Fessenden, Surgeon, detailed as Chairman of Board for the physical examination of officers of the Revenue Marine Service, Nov. 1, 1887.

F. W. Mead, Passed Assistant Surgeon, detailed as Recorder of Board for the physical examination of officers of the Revenue Marine Service, Nov. 1, 1887.

A. D. Bevan, Passed Assistant Surgeon, relieved from duty at Portland, Oregon; ordered to Marine Hospital, New York, Nov. 2, 1887.

P. M. Carrington, Assistant Surgeon, relieved from duty on Revenue Steamer "Rush"; ordered to Marine Hospital, San Francisco, Cal., Nov. 2, 1887.

T. B. Perry, Assistant Surgeon, relieved from duty at Marine Hospital, San Francisco, Cal.; ordered to assume charge of Service at Portland, Oregon, Nov. 2, 1887.

H. T. Goodwin, Assistant Surgeon, relieved from duty at Norfolk, Va.; ordered to Marine Hospital, New Orleans, La., Nov. 5, 1887.